COUNTY BOROUGH OF ST. HELENS.



Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR 1938.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.,
Medical Officer of Health
and School Medical Officer.

St. Helens:

Wood, Westworth & Co., Limited, Printers and Stationers, Hardshaw Street.

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Health Committee.

Chairman:

ALDERMAN T. HAMBLETT, J.P.

Deputy-Chairman:

Councillor Evelyn Pilkington, C.B.E., J.P.

THE RIGHT WORSHIPFUL THE MAYOR (Councillor N. Birch, J.P.).

ALDERMAN W. BURROWS, J.P.

,, J. C. Simm, J.P.

,, J. Thackray, J.P.

COUNCILLOR R. ELLISON, J.P.

,, E. Houghton, J.P.

" F. A. LITHERLAND, J.P.

" ELLEN McCormack.

" M. McFarlane, J.P.

" R. Rennie.

" M. A. Shard, J.P.

" T. Woods, J.P.

Maternity and Child Welfare Committee.

Chairman:

ALDERMAN T. HAMBLETT, J.P.

Deputy Chairman:

COUNCILLOR EVELYN PILKINGTON, C.B.E., J.P.

THE HEALTH COMMITTEE, and the following co-opted members :—

MRS. H. B. BATES, AND

Mrs. B. McGhie.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF ST. HELENS.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the Health Services for the year 1938.

Owing to greatly increased duties in connection with Air Raid Precautions, compilation of the Report has only been possible as opportunity occurred, and this has delayed publication considerably. It is hoped, however, that its late appearance will not detract from its usefulness.

The estimated mid-year population of St. Helens in 1938 was 107,200. This figure shows a continuance of the decrease in population which has taken place in recent years. According to the Registrar General's estimates this decrease during the past five years has amounted to 1,040.

The following is a brief summary of the chief vital statistics for 1938 in comparison with those of the previous year.

	1938	1937
Birth Rate	18.2 per 1,000 of the population.	18.6 per 1,000 of the population.
Death Rate	14.0 per 1,000 of the population.	14.9 per 1,000 of the population.
'Γuberculosis Death Rate	6.53 per 10,000 of the population.	6.98 per 10,000 of the population.
Infant Mortality	69.7 per 1,000 births.	87.7 per 1,000 births.
Maternal Mortality	5.83 per 1,000 live and still births.	7.14 per 1,000 live

I take this opportunity of thanking members of the Council for their kindness and consideration shown me in the conduct of my work, and I have to record my hearty appreciation of the loyal and willing service given by every member of my staff.

I have the honour to be,

Your obedient Servant,

FRANK HAUXWELL.

December, 1939.

GENERAL STATISTICS.

Area (Acres)			•••••	7,950
Estimated Population mid-year 193	8	•••••		107,200
Number of inhabited houses (end o	of 193	88) acco	ording	•
to Rate Books	••••			26,510
Rateable Value		*****		£472,172
Product of a penny rate	••••	*****	•••••	£1,734
The Net Cost on the Rate	s of	the va	rious Healt	h Services
in St. Helens during the year ende				
pared with the previous year is given			march, 175	<i>y</i> , as com
pared with the previous year is gr	v CII I	ociow.	Pence	per <i>f</i> ,
· •			1937-38	1 .0
Isolation Hospital	•••••	•••••	6.569	6.384
Tuberculosis	•••••	•••••	6.743	6.429
Maternity and Child Welfare			10.253	9.280
Venereal Diseases	****		.364	.340
Vaccination		*****	.497	.304
Food and Drugs Acts			.752	.231
Slaughterhouse and Cold Stores		******	.415	.374
Contagious Diseases of Animals	*****	*****	.033	.011
General Sanitary and Administrative	ve Ch	arges	5.932	5.427
Main Drainage	*****	••	1.253	1,451
Sewage Disposal	•••••		3.979	3.490
Building Inspection and Drain Tes	ting	*****	.638	.636
Sanitary Improvement		••••	.118	.113
Public Conveniences	*****	•••••	.559	.500
*Collection and Disposal of Refuse			17.595	17.818
*Blind Persons		••••	4.512	4.676

Total Net Cost of Health Services

60.212

57.464

^{*}Under the control of the Cleansing Committee and the Blind Welfare Committee respectively.

STAFF.

Medical Officer of Health, Administrative Tuberculosis Officer, Medical Superintendent of Corporation Hospitals, and School Medical Officer:

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.)

Deputy Medical Officer of Health:

Gerald O'Brien, M.B., Ch.B., D.P.H. (St. Andrew's).

Assistant Medical Officers of Health:

Harold C. Calvey, M.B., Ch.B. (Liverpool), D.P.H. (Manchester).

Enid M. Hughes, M.B., Ch.B. (Liverpool).

Ian M. McLachlan, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M., D.P.H.

Muriel M. Osborn, M.R.C.S., L.R.C.P. (Resigned August, 1938).

Jean M. Barrowman, M.B., Ch.B. (Glasgow). (From October, 1938).

Dental Surgeons:

Vincent Higham, L.D.S.

Arthur N. Leicester, B.D.S.

Mary G. Chisnall, L.D.S. (Resigned November, 1938).

Jean M. Simpkin, L.D.S. (From November, 1938).

Sanitary Inspectors, etc.:

Ernest Sefton (1), (3), (6), (7), Chief Sanitary Inspector. W. H. Ball (2), (3), (8), Deputy Chief Sanitary Inspector.

H. Lowe (2), (4) Sanitary Inspector.

W. A. Young (2), (3), (8) do.

J. G. Clements (2), (8) do.

A. H. Jenkins (1), (3)do.

*W. Woodward (3), (8) do.

*E. Preston (3), (4), (8) do.

S. R. Daly (2), (3), (4), (8) do.

*G. Whiteley (3), (8), Superintendent of Public Abattoir.

N. H. Owen (2), (4) do.

Matrons of Corporation Hospitals:

Edith Carder, Borough Isolation Hospital and Eccleston Hall Sanatorium.

*Eva May Peters St. Helens Maternity and Bridget Josephine Timmins Child Welfare Hospital.

Health Visitors and School Nurses:

Superintendent: -Eleanor J. Moorehead (9), (10), (13).

Ethel Denman	(1), (12), (13)	*Edith Jones	(9), (10), (13)
Mary Riding	(10), (13)	Caroline Good	(10), (13)
Emily Corrish	(10), (13)	*Annie May Jenkins	(9), (10), (13)
Nora Hogan	(10), (13)	*Hilda Robson	(9), (10), (13)
Mary Corrish	(10), (11), (13)	*Lilian Evans	(9), (10), (13)
Alice Happold	(10), (12), (13)	Gaynor Williams	(9), (10), (13)
Edith Curran	(10), (13)	May Tonge	(9), (10), (13)
*Doris Parkinson	(9), (10), (13)	Florence Middlehur	st
Nellie Richardson	(10), (13)		(9), (10), (13)
*Leah Rogers	(9), (10), (13)	Sophia McConnell	(10), (13)
Louisa Peace	(10), (13)		

Orthopaedic Nurse:

Winifred M. Russell

(14)

Tuberculosis Nurse:

Sarah A. T. Prescott

(10), (13)

Clerk Dispenser and Venereal Diseases Attendant: Jas. McP. Hutton.

Venereal Diseases Nurse:

Florence Wilkinson

(10)

 Sanitary Inspector's Certificate of the Royal Sanitary Institute.
 Sanitary Inspector's Certificate of the Liverpool University.
 Certificate for Meat Inspection of the Royal Sanitary Institute.
 Certificate for Meat Inspection of the Liverpool University.
 Certificate for Sanitary Science of the Royal Sanitary Institute.
 Diploma of the Institute of Sanitary Engineers.
 Diploma of the Building Surveyor's Association.
 Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors'

 Examination Joint Board.

 Examination Joint Board.

New Health Visitor's Certificate of the Royal Sanitary Institute.

General Trained Nurse.

Fever Trained Nurse.

Children's Trained Nurse.

State Certified Midwif-

State Certified Midwife.
Certificate of the Chartered Society of Massage and Medical Gymnastics.

^{*}Resigned during the year.

The following are part-time officers:—

District Medical Officers:—J. D. O'M. Poole, M.B., Ch. B.;
H. A. Lomax, M.B., Ch.B., M.R.C.S., L.R.C.P.;
J. A. Donnellan, M.B., Ch.B.;
T. R. O'Keeffe, L.R.C.P., L.R.C.S., L.R.F.P.S.;
J. G. O'Keeffe, L.R.C.P., L.R.C.S., L.R.F.P.S.

Public Vaccinators:—H. B. Bates, L.S.A., L.M.S.S.A.;
J. S. Fox, M.B., C.M., M.R.C.S.;
J. G. O'Keeffe, L.R.C.P., L.R.C.S., L.R.F.P.S.

Physician to the X-ray Department, Tuberculosis Dispensary: J. Unsworth, M.B., B.S. (Lond.).

Orthopaedic Surgeon:—B. L. McFarland, M.D. (Liverp.), M.Ch. (Orth.), M.B., Ch.B., F.R.C.S. (Edin.).

Ophthalmic Surgeon :- E. Allan, M.B., Ch.B. (Edin.).

Ear, Throat and Nose Surgeon:—J. E. G. McGibbon, M.B., B.S. (Lond.), D.L.O. (Eng.).

Obstetrician and Gynaecologist:—J. W. Burns, M.D. (Dublin), B.A., M.B., B.Ch., B.A.O., F.R.C.S. (Edin.).

Speech Therapist: -Muriel W. Ferrie, M.S.S.T.

Public Analyst:—Herbert J. Evans, B.Sc., F.I.C., F.C.S. Veterinary Inspector:—A. H. Leyland, M.R.C.V.S.

1.—NATURAL AND SOCIAL CONDITIONS OF THE AREA.

PHYSICAL FEATURES AND GENERAL CHARAC-

TER.—The area of the borough is 7,950 acres and it is estimated that approximately one quarter of this area is occupied by factories and other industrial works, and one quarter by housing; the remainder is mainly agricultural land and parks.

Housing development has mainly taken place towards the North-West and North, and on these sides there is considerable activity in land development.

The district is well supplied with public parks and recreation grounds—both public and private. The Corporation maintain 14 parks and recreation grounds covering approximately 181 acres.

SOCIAL CONDITIONS.—The chief industries of the town are coal mining and glass making.

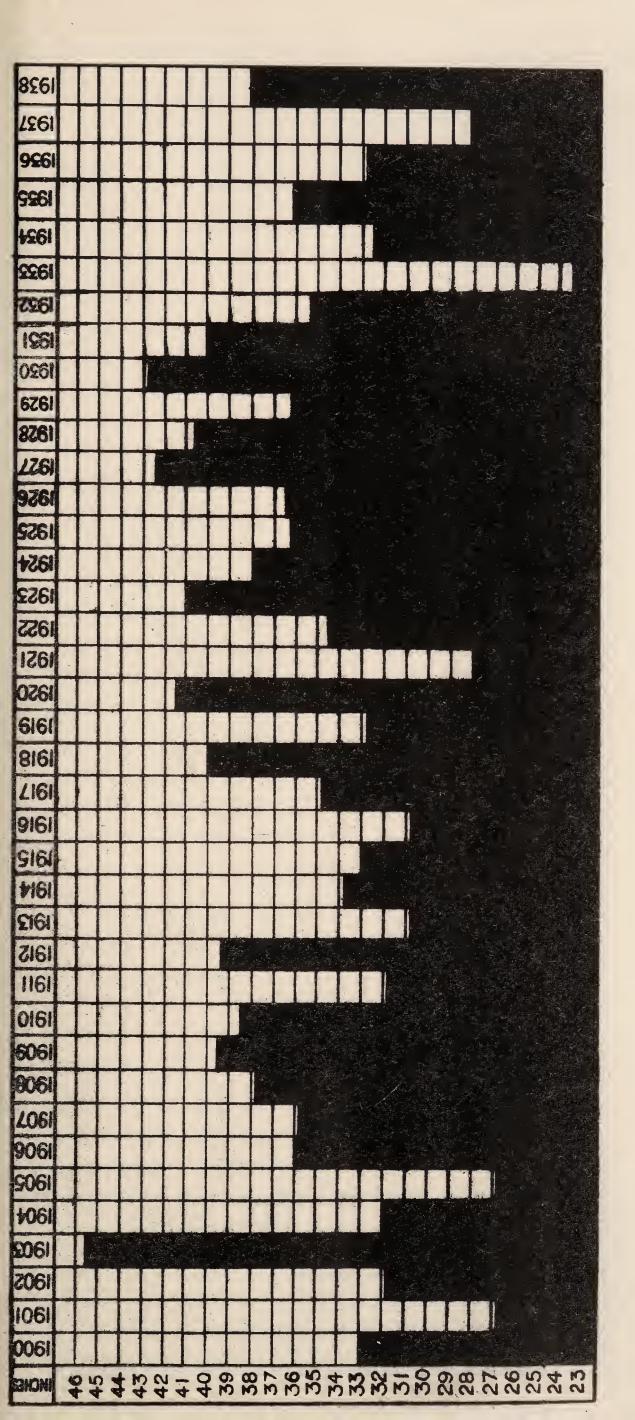
The average number of persons unemployed in St. Helens and registered at the Labour Exchange during 1938 (as shown by the figures taken on Monday of each week) was 5,793 men, 561 women, and 612 juveniles (total 6,966). The largest number of unemployed men and women was 6,598 in March and among juveniles 748 in May. The total for 1938 shows an increase from the previous year, when the average total number of unemployed persons was 6,158.

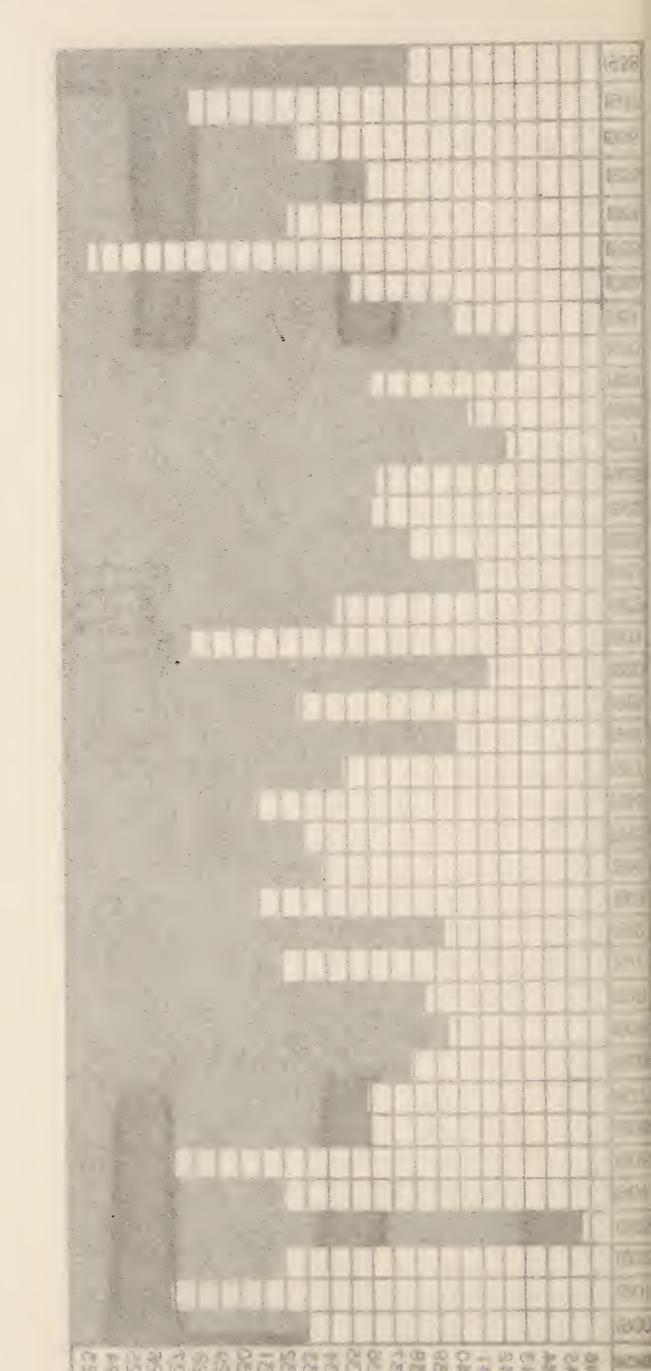
The total amount of domiciliary relief granted in St. Helens by the Public Assistance Committee during the year ended 31st March, 1939, was £97,116/13/7d., of which sum £5,571/0/9d. was granted to unemployed men and their families. The corresponding amounts granted in the previous year were £85,117/3/2d. and £7,343/10/8d. respectively.

From St. Helens 333 men, 311 women and 160 children were admitted to the Poor Law Infirmary, and 55 men, 38 women and 7 children were admitted to the "House" during the year.

Under the National Health Insurance Act, the total number of insured persons in St. Helens on 1st October, 1938, was 48,687, comprising 36,701 men and 11,986 women, or approximately 45% of the total population. The corresponding figures for 1937 were 35,025 men and 10,642 women.

METEOROLOGY.—The total rainfall for the year, as measured at the Victoria Park Observatory, was 38.15 inches. The amount of rainfall recorded at Eccleston Hill Waterworks during the year was 41.16 inches. The annual rainfall since 1900 is shown in Table 1.





The sunshine recorder at the Victoria Park Observatory recorded 1,251 hours of sunshine during 1938. The greatest duration of sunshine on one day was 12.5 hours on 5th and 20th May. There were 107 sunless days during the year.

The highest temperature in the shade during the year was on the 12th August when it reached 77.6° F., and the lowest was 21.2° F. on the 21st December.

The special gauge maintained in the centre of the town for the collection and measurement of the amount of atmospheric pollution showed the total solids deposited in St. Helens from the atmosphere during the year ending the 31st March, 1939, to be 13,344 metric tons per 100 square kilometres, or approximately 1,190 pounds per acre.

II.—VITAL STATISTICS.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR:

Live Births:—Legitimate	M. 984	F. 926	Total. 1,910
Illegitimate	16	26	42
Totals	1,000	952	1,952

Birth Rate per 1,000 of the estimated resident population......18.2 Still Births:—M. 60, F. 45; Total: 105.

Deaths:—M. 655, F. 568; Total	: 1,223.		
Death Rate per 1,000 of the esti	mated res	ident popu	lation11.4
Death Rate per 1,000 adjusted t	o corresp	ond for ag	e and sex
distribution with England a	and Wales	s as a whole	e 14.0
Percentage of total deaths occurring	g in publ	ic instituti	ons46%
Number of women dying from dise and childbirth:—	eases and	accidents	of pregnancy
<i>.</i>		Rate per	1,000 total
		•	nd still)
	Deaths		rths.
From puerperal sepsis	2		.97
From other puerperal causes	10	4	.86
Totals	12	5	.83
_		-	
Deaths of infants under one year of	age :—		
·	M.	F.	Total.
Legitimate	-	53	130
Illegitimate	4		6
Totals	81	55	136
•			
Death Rate of Infants under one year	er of age:		
All infants per 1,000 live birth	ns	•••••	69.7
Legitimate infants per 1,000 l	egitimate	live births	68.1
Illegitimate infants per 1,000	illegitima	te live birtl	hs 142.9
Deaths from Measles (all ages)			9
" Whooping Cough (all a	ages)		6
,, Diarrhœa (under 2 yea	rs of age)		11
,, Tuberculosis			70
Zymotic Death Rate			0.40

Table 2.

COUNTY BOROUGH	Estimated civil population	Birth Rate	Death Rate (adjusted for age and sex)	Infant Mortality per 1,000 live births	Maternal Mortality per 1,000 total (live and still) births	Tuber- culosis Death Rate (all forms) per 100,000 population
126 County Boroughs	41,215,000 21,242,670	15.1 15.0	11.6	53 57	3.0	63
Barrow-in-Furness Blackburn Blackpool Bolton Bootle Burnley Bury Liverpool Manchester Oldham Preston Rochdale	66,850 113,000 125,800 169,400 74,080 88,650 59,380 864,000 747,318 126,100 113,200 91,290	16.3 12.2 10.9 13.5 20.1 11.8 12.8 18.7 14.7 13.3 15.6 12.0	13.6 15.0 13.3 14.2 15.3 15.2 13.8 14.1 14.1 14.1 14.1 14.4	46 67 47 44 81 73 67 73 69 61 71 63	2.7 4.1 4.7 6.2 0.6 3.7 2.5 2.0 4.2 2.3 1.6 3.5	73 72 58 54 105 81 51 89 97 75 78 53
ST. HELENS	107,200	18.2	14.0	70	5.8	65
Salford Southport Warrington Wigan	78,140	15.8 10.2 16.4 16.5	15.5 12.8 11.1 16.0	74 71 72 100	4.2 0 3.9 2.1	108 43 67 74

^{*}Rates not available.

Table 2 shows the main vital statistics of St. Helens in comparison with those of the other County Boroughs in Lancashire as well as with those for England and Wales and the 126 County Boroughs and Great Towns in England and Wales.

From this Table it will be seen that of the 17 County Boroughs in Lancashire, St. Helens had, for the year 1938, the third highest birth rate, the sixth lowest death rate, the sixth lowest tuberculosis death rate, and the ninth lowest infant mortality rate. St. Helens had, however, that year, the second highest maternal mortality rate.

Table 3 gives a summary of the vital statistics for the past 50 years.

POPULATION.—According to the Registrar-General's estimate, the mid-1938 population was 107,200. This represents a decrease of 200 from the estimated population of the previous year, which was 107,400.

The natural increase in population during 1938, i.e., the excess of the number of births over deaths, was 729, as compared with a natural increase of 693 in 1937, 669 in 1936 and 711 in 1935.

BIRTHS.—The number of births registered as belonging to St. Helens during 1938 was 1,952. The birth rate for the year was 18.2 per 1,000 of the population as compared with 18.6 for the previous year. The rate for England and Wales during 1938 was 15.1 and for the 126 County Boroughs and Great Towns was 15.0 per 1,000.

Illegitimate births were $2.2\,\%$ of the total, being in the same proportion as in the previous year.

Table 4 shows the birth rate for St. Helens since 1880 and the figures for England and Wales for the same period.

DEATHS.—The number of deaths occurring within the borough during the year was 1,143. This total includes 163 deaths in St. Helens of persons usually resident in other areas, but excludes 243 deaths of persons usually resident within the borough which occurred in other areas, so that the actual number of deaths assignable to St. Helens is 1,223. This gives a crude death rate of 11.4 per 1,000 of the resident population, compared with 12.1 per 1,000 for 1937.

The adjusted death rate for 1938 (i.e. the crude death rate 'adjusted' to a figure which represents the rate of mortality that would have occurred if the age and sex distribution in St. Helens had been the same as that of England and Wales as a whole), was 14.0 per 1,000, as compared with 14.9 for the previous year. The death rate for England and Wales as a whole for 1938 was 11.6 per 1,000.

TABLE 4. ST. HELENS and ENGLAND and WALES, 1880-1938 England and Wales St. Helens •



1939	106.600	17.3	11.6
1940	103.300	18.0	13.4
1941	102450	18.6	11.4
1942	10/500	17.4	10.6
1943	99410	19.8	13.0
1944	98410	20.5	11.3
-1945	99150	20.3	11.26
1			
		1	



Table 3. Statistics for St. Helens.

	DEATHS FROM													
VEAD	tion	Rate	Rate	tic Rate	Infant Mortality Rate	Rate of Persons Married			D		15 FR			
YEAR	Population	Birth Rate	Crude Death Rate	Zymotic Death Rate	Infant rtality F	of Pers Married	Smallpox	Measles	Scarlet Fever	Typhoid Fever	Typhus Fever	Diarrhoea	Whooping Cough	Diphtheria
	d.	B	Q	, , , ,	Mo	Rate	Smä	Me	Se	Tyl	Ty	Diar	%ho Co	Diph
1935 1936 1937 1938	90,000 90,600 90,600	39.86 38.90 40.80 40.2 41.3 37.8 40.9 38.7 40.0 40.3 38.3 37.1 36.9 37.4 39.1 37.4 36.1 33.9 34.1 35.2 32.0 32.7 33.5 32.0 32.7 33.5 32.0 24.1 25.5 31.8 29.1 26.4 24.4 24.1 23.9 23.2 20.8 21.5 20.1 21.5 20.1 21.5 20.1 21.5 20.1 21.5 20.1 21.5 20.1 21.5 20.1 21.5 20.1 21.5 20.1 21.5 21.6 21.6 21.6 21.7 21.5 20.1 21.5 20.1 21.5 21.6 21.6 21.7 21.5 20.1 21.5 21.6 21.6 21.7 21.5 20.1 21.5 21.6 21.7 21.5 20.1 20.1 20.	23.50 25.43 26.02 21.0 24.4 18.3 21.8 20.9 21.8 19.7 17.5 20.9 17.2 17.3 18.3 16.0 18.5 14.5 18.3 15.5 18.9 17.1 19.3 16.8 16.5 21.2 15.0 13.6 11.4 12.0 11.4 12.0 11.4 12.1 11.4	4.18 5.3 3.0 2.64 5.4 2.21 3.73 4.3 3.2 2.9 3.2 2.56 2.60 1.72 3.96 1.88 1.79 2.87 1.32 3.5 1.26 3.03 1.76 3.74 1.62 3.1 1.95 2.26 2.45 0.82 1.2 0.83 0.39 0.68 0.82 0.82 0.82 0.83 0.85 0.82 0.82 0.83 0.85	177 170 180 147 196 161 181 177 181 177 188 175 167 138 174 132 159 155 122 149 121 158 124 155 138 124 155 138 129 100 102 88 98 114 80 88 87 116 88 89 116 88 89 116 88 89 116 88 88 89 89 80 80 80 80 80 80 80 80 80 80 80 80 80	14.6 13.0 13.2 14.2 13.0 13.0 13.9 11.4 13.0 12.9 11.7 11.9 13.6 12.3 12.7 14.0 14.6 14.1 16.1 14.9 10.6 11.4 17.5 16.8 17.2 11.5 12.8 12.7 12.7 13.6 13.6 13.6 13.6 13.6 13.6 13.6 13.6	0 0 0 0 1 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78 19 54 23 135 21 54 38 87 17 21 59 7 59 1 131 41 10 145 0 188 15 69 62 189 25 126 265 27 60 15 49 7 30 11 12 10 11 10 11 10 11 10 10 10 10 10 10 10	3 181 24 18 6 14 9 59 44 24 8 25 29 52 26 17 16 4 10 29 33 22 13 19 26 5 12 30 20 24 9 7 5 4 4 1 7 1 2 5 6 2 0 1 2 2 2 3 3	81 24 26 25 52 26 59 40 33 30 43 19 34 25 18 12 13 10 22 8 4 4 6 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	85 74 78 84 168 38 101 63 133 140 114 91 95 50 53 120 66 105 36 59 27 51 143 49 120 98 78 64 37 48 35 44 63 28 21 21 13 16 16 16 16 16 16 16 16 16 16 16 16 16	15 68 29 31 19 61 14 78 33 34 41 56 17 18 30 49 26 52 7 62 16 39 46 18 24 40 34 19 24 7 7 24 3 10 11 33 4 5 21 13 8 0 4 52 1 15 3 7 6	29 13 9 12 16 10 8 17 20 16 15 19 3 20 23 22 18 22 11 17 12 7 8 19 10 25 10 10 10 10 10 10 10 10 10 10 10 10 10

† Estimated civil population.

* Borough extended.

13.4

141 102750 18.6 11.4

Though yearly variations in age and sex distribution also occur locally, these are never very great, so that the crude death rate can be used for yearly local comparisons and the trend of the death rate in St. Helens since 1881 is seen in the following statement:—

Crude Death Rate per 1,000 of the population.

Period.							
1881-85	*****	*****	*****	*****	*****		23.2
1886-90	*****	*****	*****	*****	*****	*****	22.5
1891-95		*****	*****	•••••	•••••	*****	21.8
1896-190)()	*****	*****	*****	*****	*****	20.3
1901-05		*****	•••••	*****	*****	•••••	19.0
1906-10	•••••	*****	*****	*****	•••••	*****	16.9
1911-15	*****	*****	•••••	*****	•••••	*****	17.8
1916-20	*****	*****	*****	*****	•••••	*****	16.6
1921 <i>-</i> 25 1926 <i>-</i> 30	*****	*****	*****	*****	*****	*****	12.3
1920-30	*****	•	•••••	•	•••••	*****	12.3
1936	•••••	*****	*****	*****	*****	*****	12.1
1937	*****	*****	*****	*****	*****	******	12.1
1938	*****	*****	*****	*****	*****	*****	11.4
1720	*****	*****	*****	*****	******	*****	11.7

Coroner's Inquests.—During the year, 112 deaths were reported to the Coroner. In 53 of these the Coroner was able without an inquest to issue a certificate attributing the death to natural causes. In 59 instances where inquests were held, the deaths were recorded as attributable to:—

Colliery accidents	*****	*****	*****		*****	*****	9
Street accidents	*****	• • • • • •		*****		•••••	13
Accidents in works	*****						1
Drowning	••••						1
Poisoning	*****	•••••	•••••	• • • • •		••••	9
Scalds and burns				****	•••••		4
Other deaths from	violen	ce	*****	•••••		••••	13
Natural causes			*****	****		*****	4
Other causes		*****	*****		*****	• • • • •	4

58

One inquest was opened and not resumed.

Causes of Death.—Figures relating to the causes of, and ages at, death during the year are given in Table 5.

Table 5.

Causes of, and ages at, death during 1938.

All All At Ages													
Causes of Death	Sex	Ages	0-1	1-	2—	5—	15—						75-
All Causes	M F	655 568	81 55	16 14	17 9	17 27	20 24	33 24	36 46	64 41	119 92	159 114	93 122
Typhoid and paratyphoid fevers	M F	_					— —						
Measles	M F	6 3	3	1	2	_							
Scarlet fever	M F	2			1	1				_	_		
Whooping cough	M F	3 3	1 2	2	1			_		_	_	_	_
Diphtheria	M	7 7		_	2	5 6	<u> </u>	_	_			_	
Influenza	M F	6 4		_ _	_	_	1	1	1		2 2	1	1
Encephalitis lethargica	M F			_		_	_	_		_		_	
Cerebro-spinal fever	M F	1 2		_		1		1	<u> </u>	_	_	_	=
Tuberculosis of respiratory system	M F	30 27	_	1	_	1	2 5	7	8 6	9 2	2	1 2	=
Other tuberculous diseases	M F	10	_	1 2	2	1	4	2	_	_	=		=
Syphilis	MF	_	_	_	_	_		_	-	_		_	=
General paralysis of the insane, tabes, etc	MF	3	_	_	=	_	_	=	1	1	1	_	
Cancer	MF	89 66			=	=	=	2 3	3 7	15 13	20	39 17	10 9
Diabetes	MF	6 18	_			- 1	_ 1	- 1	-	1	2 6	2 6	1 2
Cerebral haemorrhage, etc	MF	28 39	_	_	=		-	1 -	1	_	6 12	13	8
Heart Disease	MF	138 122	_	_		1 3	1 5	1	5 7	15	36 34	50 34	29 30
Aneurysm	MF	_	_	=		=	_	_	_		_	_	
Other circulatory diseases	M F	29 18		=	=	_	_	_			5 4	9 7	15 7
Bronchitis	MF	29 18	2 4		_	=	_	1	1	3 2	9	6 5	7 7
Pneumonia (all forms)	MF	51 39	11 7	7 7	3 3	2 2	2	3	2 2	5 2	7	7 4	12
Other respiratory diseases	M	6 7	_	<u> </u>	-	2	_		4	2	2 2	_	
Peptic ulcer	M F	6 4	_	_		_	_	1	_	2	2	1 2	
Diarrhœa, under 2 years	M F	8 3	8 2	1	_	-	=		=	=	=	_	
Appendicitis	. M F	5 6		=	=	1	1	1	_	3 2	1	_	1
Cirrhosis of liver	M F	-				-	_		_		_		=
Other liver diseases	M F	1 6	=	=	_	_	=		<u> </u>	1	3		
Other digestive diseases	M F	12 9	1	1		1	1	1 2	3	1 1	3	1 2	2

Table 5—continued.

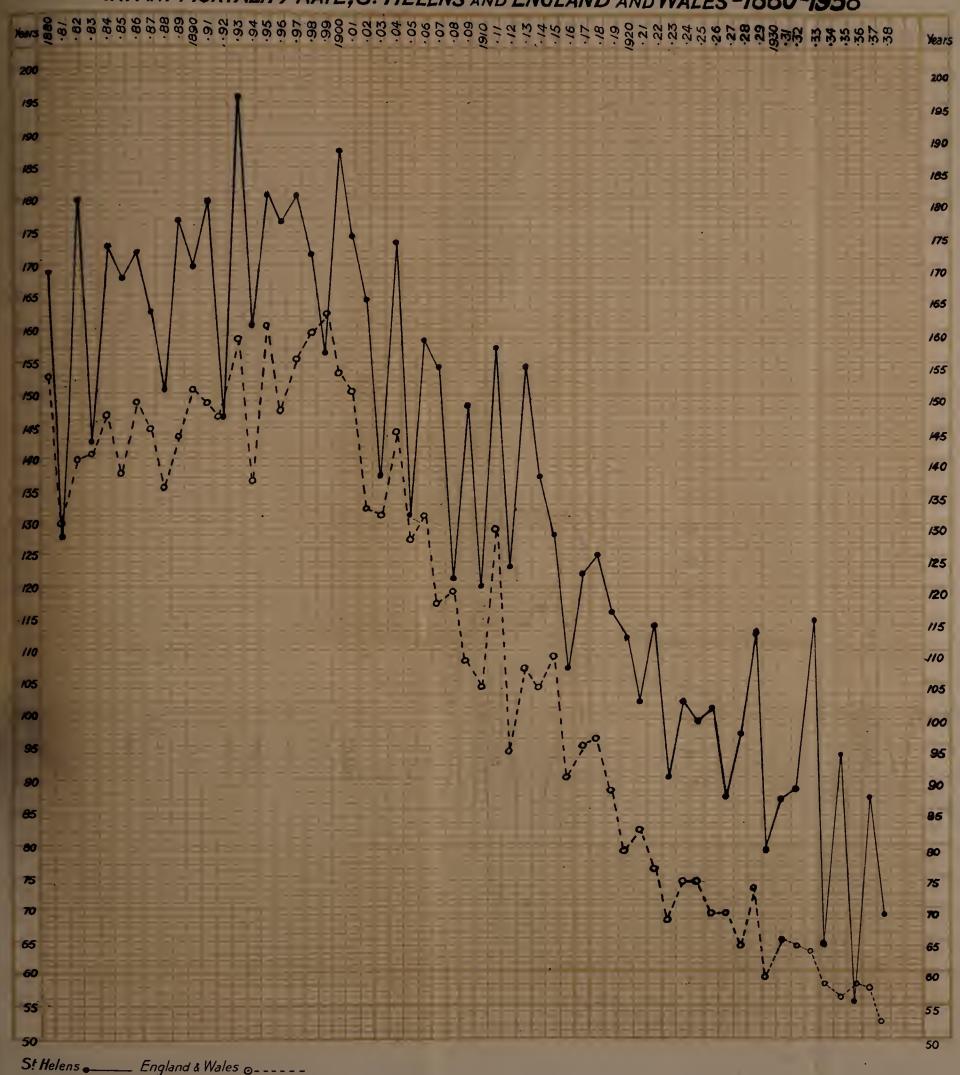
		A 11				Α.	Α			*		
Causes of Death	Sex	All Ages	0-1	1—	2-	5—	Ages 15-	25-	35-	45-	55-	65-
Acute and chronic nephritis	M F	16	_	_	_	1	4	3	2 4	1	4 2	4
Puerperal Sepsis	F	2	_	_	_			2	_	_		_
Other puerperal diseases	F	10		_			3	1	6			
Congenital debility, premature birth, etc	M F	42 33	42 33		_	_	_		_	_	_	_
Senility	M F	23 30	_		_		_		_		1	10
Suicide	M F	5 3	_		_	_	_	_	1	1	3	
Other violence	M F	27 15	1 2		4 2	3	2	6	3	2	1	3 3
Other defined diseases	M F	57 48	11 4	2	3 2	3 6	6 2	3 2	6	3 5	10 4	7 8
Ill-defined or unknown	M F	7 5		_				=		1		5 2
Diarrhoea, 2 years and over	M F	2 3				- 1	$\frac{-}{2}$	1		=	1	
Totals		1223	136	30	26	44	44	57	82	105	211	273

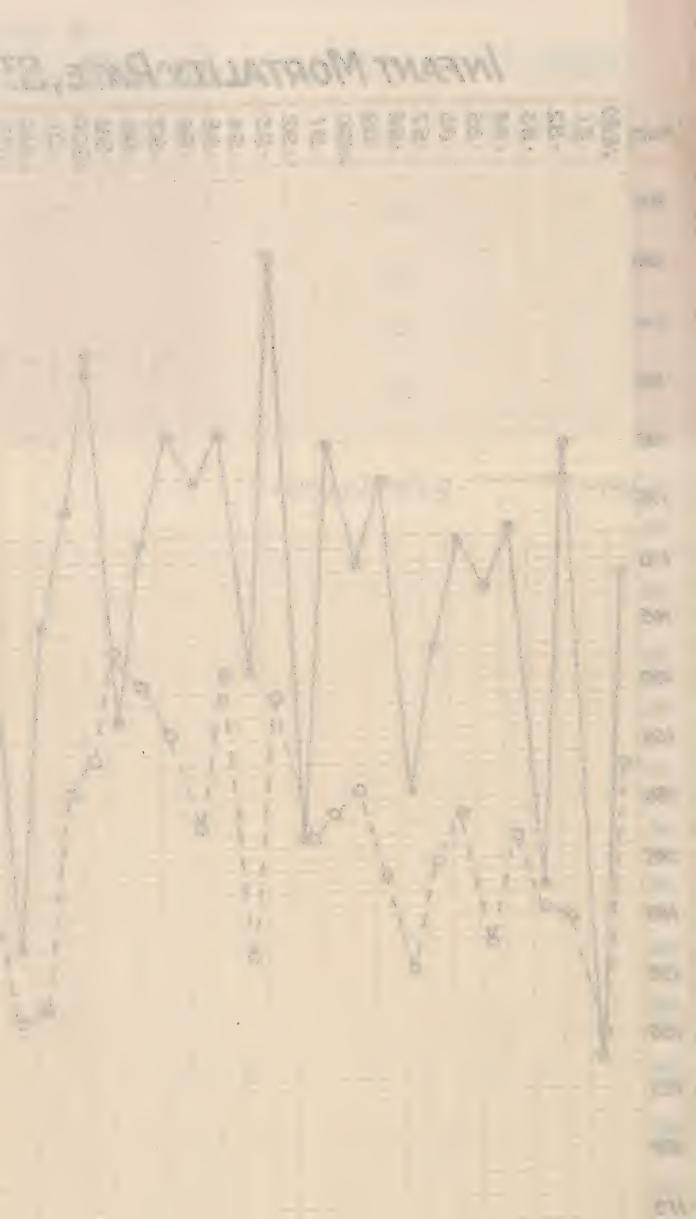
Deaths from Tuberculosis.—Tuberculosis was the cause of 70 deaths during the year—that is 5.72% of all deaths belonging to the borough. Of these deaths, 57 were attributable to tuberculosis of the lungs and 13 to other forms of tuberculosis. The ages at which these deaths occurred are shown in Table 5.

Malignant Diseases.—The deaths from these diseases during the past five years were as follows:—

AGE	1934	1935	1936	1937	1938
Under 1 year			- - 3 9 17 54 41 19	- - - 2 11 21 39 53 17	- - - 5 10 28 37 56 19
Totals	121	121	143	144	155
Percentage of the total deaths Death rate per 1,000 of population Death rate per 1,000 of population, England and Wales	10.54 1.12 1.56	9.20 1.12 1.59	10.91 1.32 1.62	11.05 1.34 1.63	12.67 1.45 1.66

INFANT MORTALITY RATE, ST. HELENS AND ENGLAND AND WALES - 1880 - 1938





There would appear to be no relationship between the incidence of malignant diseases and industrial processes in St. Helens.

There are no special facilities in St. Helens for the diagnosis of Cancer. In regard to treatment, the Local Authority have made arrangements with the Lancashire County Council that any cases sent to the County Hospital, Whiston (the Public Assistance Institution for St. Helens) which, in the opinion of the Medical Superintendent of that Hospital would benefit by radium treatment, are transferred to the Christie Hospital and Holt Radium Institute, Manchester, or to the Liverpool Radium Institute and Hospital for Cancer. Both local voluntary Hospitals also have arrangements whereby cases from their Institutions can be sent to Liverpool for treatment.

Infant Mortality.—During 1938 there were 136 deaths of children under one year of age. This corresponds to an infant mortality rate of 69.7 per 1,000 births. The infant death rate for 1937 was 87.7.

Further reference to this subject is made in the Maternity and Child Welfare Section.

Table 6 shows the infant death rate for St. Helens since 1880, and the figures for England and Wales for the same period.

III.—INFECTIOUS DISEASES.

The following are the infectious diseases compulsorily notifiable to the Medical Officer of Health in St. Helens:—

Smallpox

Scarlet Fever

Diphtheria and Membranous

Croup

Enteric Fever

Typhus Fever

Relapsing Fever

Continued Fever

Puerperal Pyrexia

Cerebro-Spinal Fever

Acute Poliomyelitis

Acute Polioencephalitis

Acute Encephalitis Lethargica

Ophthalmia Neonatorum

Erysipelas

Malaria

Dysentery

*Pneumonia

Cholera

Plague

†Measles and German Measles

†Whooping Cough

Tuberculosis (all forms)

*Acute Primary Pneumonia and Acute Influenzal Pneumonia.

†Notification by medical practitioner is not required if the disease "has occurred in the same family or institution and been notified within the period of two months immediately preceding the date on which he first becomes aware of a further case."

Table 7 shows the total number of cases notified during the year, the total number of deaths which occurred, and the numbers admitted to the Corporation Hospitals.

Table 8 gives the age distribution of the cases notified, and Table 5 the age distribution of the deaths which occurred. The number of cases notified during each week of the year is shown in Table 9, and the number of notifications each year during the past 10 years is seen in Table 10.

Table 7.

Infectious Diseases, 1938.—Total number of cases notified, number of cases admitted to hospital, and the total deaths.

	d to hospital Deaths
Smallpox — Scarlet Fever 577 Diphtheria 437 Measles 1776 Whooping Cough 503 Enteric Fever 1 Dysentery 19 Erysipelas 53 Pneumonia 128 Typhus Fever — Puerperal Pyrexia 31 Ophthalmia Neonatorum 8 Polio-Encephalitis 2 Polio-Encephalitis 3 Malaria 3	563 436 14 9 4 6 1 - 12 2 90 - 23 2 2 2 1 1 3 2

Table 8.

Age distribution of cases of Infectious Diseases notified during 1938.

DISEASE .	Notifications received.	Under 1	1	2-	3—	4	5—	10—	15-	20—	35—	45—	65—
Smallpox Scarlet Fever Diphtheria Measles Whooping Cough Enteric Fever Dysentery Erysipelas Pneumonia Typhus Fever Puerperal Pyrexia Ophthalmia Neonatorum Poliomyelitis Encephalitis Lethargica Cerebro-Spinal Fever Malaria	577 437 1776 500 1 19 53 128 — 31 8 2 1 3	-4 3 105 72 - 1 10 - 8 1 -	19 3 206 68 — — 9 —	30 18 238 65 — 14 — — 1	54 22 254 79 — — — — —	72 35 304 82 1 8 	273 204 640 127 - 1 18 - - 1 -	79 88 25 6 — 4 6 — — — —	19 42 1 	21 19 3 1 -3 11 19 -23	1 12 10 7	1 1 10 17 13 —	5 3 5

GENERAL OBSERVATIONS.—During 1938 there was a general trend towards a respite from the persistent high incidence of infection, which had been so marked a feature during part of 1936 and the whole of 1937. This tendency, however, was not marked by any spectacular decrease in the total number of cases notified, and the occurrence of infection still remained steady throughout the year.

Cases of scarlet fever showed a decrease from the previous year, and the total was the smallest for three years past. This also applied to the incidence of diphtheria, and was very marked indeed in the case of whooping cough, where the returns showed a distinct drop. In the case of measles, however, the figures reached epidemic level during the year.

Amongst the non-notifiable diseases there was a notable increase in the number of cases of mumps, but the incidence of cases of chicken pox was markedly decreased. Figures for other zymotic diseases showed little variation from the average.

Table 9.

Infectious Diseases.—Number of cases of Infectious Diseases notified each week in 1938.

Week Ending Solution Solution	notified each week in 1930.															
15	Week Ending	Smallpox	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Enteric Fever	Dysentery	Erysipelas	Pneumonia	Typhus Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Poliomyelitis	Encephalitis Lethargica	Cerebro- Spinal Fever
	, 22 ,, 29 Feb. 5 ,, 12 ,, 19 ,, 26 Mar. 5 ,, 12 ,, 19 ,, 26 Apl. 2 ,, 9 ,, 16 ,, 23 ,, 30 May 7 ,, 14 ,, 21 ,, 28 June 4 ,, 11 ,, 18 ,, 25 July 2 ,, 9 ,, 16 ,, 23 ,, 30 Aug. 6 ,, 13 ,, 20 ,, 27 Sept. 3 ,, 10 ,, 17 ,, 24 Oct. 1 ,, 8 ,, 15 ,, 22 ,, 29 Nov. 5 ,, 12 ,, 19 ,, 26 Dec. 3 ,, 10 ,, 17 ,, 24 ,, 31		13 14 18 18 12 10 7 11 16 7 12 9 7 5 5 14 12 9 8 14 11 4 4 6 13 2 9 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10	9 13 7 21 14 10 15 10 8 10 9 9 7 3 5 3 3 4 5 14 10 5 8 8 2 4 8 9 4 4 6 5 7 5 6 6 6 7 8 8 8 8 8 8 8 8 8 8 7 8 7 8 7 8	88 71 131 94 129 112 119 98 127 69 92 106 78 69 20 40 18 20 7 7 6 10 10 10 10 10 10 10 10 10 10	17 15 15 17 12 14 20 14 68 15 9 11 18 16 14 11 15 15 48 11 87 83 52 47 42 53 76 11 10 11 11 11 11 11 11 11 11 11 11 11			-221 -21 -3 -13 -33 121 	-24456326254134424411 -211412 -1311311 -421148		2 - - - - - - - - - - - - -				

Table 10.

Notification of Infectious Diseases received during the undermentioned years.

						No. 10				
	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Smallpox Scarlet Fever Diphtheria Measles Whooping Cough Enteric Fever Dysentery Erysipelas Pneumonia Typhus Fever	 506 170 1995 685 2 1 77 491	 255 162 1026 516 3 2 72 251	- 148 121 2332 43 1 - 52 226	 147 86 512 394 15 58 308		286 231 1177 185 2 1 77 234	- 543 225 1416 1032 2 - 70 295	590 482 1569 102 1 10 92 307	671 463 992 880 2 3 63 275	577 437 1776 500 1 19 53 128
Puerperal Fever Puerperal Pyrexia	16 25	17 13	7 8	6 8	2 12	10 19	9 14	8 17	7 29	}31
Ophthalmia Neonatorum Poliomyelitis Encephalitis	24	14	_3	7	6 12		14	12	8 2	8 2
Lethargica Cerebro-Spinal Fever Malaria	1 1		1 	17 —	1 10 —	1 	2 1 —	2 2 —		_ 3

SMALLPOX.—No case of smallpox was notified during the year.

The extent of vaccination in St. Helens since 1901 is shown in Table 11.

SCARLET FEVER.—During 1938, 577 cases were notified. This was the smallest recorded total since 1935, yet apart from a tendency towards a decrease during the summer months, the incidence of the disease showed a striking uniformity of occurrence throughout the year, with a tendency towards an increase in the winter months.

The type of the disease was not markedly severe, but complications during convalescence in the form of otorrhoea and rhinorrhoea were distressingly frequent. Cases are now normally discharged from hospital at the end of 21 days if they are uncomplicated on admission and if their convalescence is uninterrupted. Cases showing any sign of complication, however minor, are retained for a minimum period of 28 days. The average duration of stay of all cases was 24.9 days.

During the year one case developed mastoiditis and was successfully operated on.

The following statement shows the age distribution of all cases occurring and of the deaths:—

Age.	No. of Cas	ses. No. of Deaths.	Case Mortality.
Under 5 years	179	2	1.12%
5—15 years	371	1	.27 %
Over 15 years	27		production .

Table 11.
Vaccination returns since 1901.

vaccination returns since 1701.								
YEAR	2 Vaccin- ated	Insus- ceptible	4 Dead	Con- scientious Objectors	6 Post-poned	7 Re- moved	Unaccounted ∞	Percentage not Vaccinated including Columns 5, 6, 7, 8
1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937	2,639 2,788 2,977 2,940 2,923 2,733 2,810 2,858 2,720 2,731 2,750 2,646 2,499 2,654 2,352 2,056 1,702 1,861 1,999 2,452 2,234 2,143 2,144 2,227 2,150 2,084 1,984 1,990 1,782 1,852 1,724 1,712 1,520 1,663 1,586 1,562 1,432	4 4 8 7 3 5 9 18 8 3 9 4 6 11 2 4 4 0 2 1 2 7 1 7 5 8 3 9 4 6 5 2 4 4 6 6 6 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 8 7 5 7 5	391 342 325 341 270 318 257 248 241 255 277 294 296 281 189 186 158 201 189 223 179 185 139 156 147 151 145 149 139 122 116 125 118 92 120 79 133	11 7 2 10 6 8 24 70 81 131 148 216 339 348 367 287 267 281 385 553 530 411 261 157 234 237 196 242 288 317 329 352 313 355 411 415 485	29 12 6 10 10 12 19 11 9 3 5 12 14 6 9 3 1 8 4 10 8 7 8 8 5 7 11 12 11 12 11 12 14 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	59 58 62 42 29 39 49 35 33 26 23 27 22 34 39 6 40 25 18 29 27 10 12 10 9 20 16 11 11 15 20 16 16 16 16 16 16 16 16 16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	24 34 11 25 18 22 17 20 11 19 14 4 9 24 15 24 45 19 18 23 17 23 22 25 26 14 11 19 15 14 21 21 21 21 21 21 21 21 21 21 21 21 21	4.4 3.8 2.6 2.8 2.1 2.8 3.7 4.5 4.7 6.0 6.5 8.7 13.0 13.0 15.3 14.6 15.7 14.5 17.8 19.8 20.6 17.8 12.17 8.24 11.45 11.62 10.67 12.26 15.3 16.09 17.39 18.32 18.93 19.33 22.75 27.24†

[†] Of the 27.24 per cent. unvaccinated, 24.64 per cent. are conscientious objectors.

DIPHTHERIA.—The highest incidence of cases of Diphtheria was in the spring of the year. During the summer months fewer cases were notified, but the occurrence of these cases remained uniform during the rest of the year. The type of the disease was not severe and the case mortality was low. There was no tendency towards late complications.

The following statement shows the age distribution of the cases occurring and of the deaths:—

Age.	No. of Cases.	No. of Deaths.	Case Mortality.
Under 5 years .	81	2	2.5 %
5—15 years	334	11	3.3 %
15—45 years	22	1	4.5 %
Over 45 years		and the same of th	

Possibly because of the lack of spectacular prevalence of the disease, public interest in immunisation against diphtheria was again markedly absent. Only one-third the number of cases attended the immunisation clinic as compared with the previous year.

The following figures show the work carried out at the Immunisation Clinic during 1938:—

No. of children tested as to susceptibility	•••••	•••••	201
No. of children immunised		•••••	164
No. of children who failed to complete the			
immunisation treatment	••••		14
Total attendances at the Clinic			954

These figures do not include cases immunised by private practitioners, but it is believed that such are relatively very small.

For the treatment of diphtheria, antitoxin is available, without charge, for medical practitioners, either at the office of the Medical Officer of Health or at the Borough Isolation Hospital. During the past year considerable use has been made of this service.

ENTERIC FEVER.—One case of Enteric Fever was notified during the year and was admitted to the Isolation Hospital. Investigation proved this to be a case of paratyphosus B infection, the disease being contracted by the patient whilst abroad.

*MEASLES.—During the spring of 1938 there was a continuation of the severe epidemic of measles which had commenced in the winter of the previous year. Notifications reached a peak in February and then dropped steadily until in the summer months the incidence was relatively low. There was no tendency towards a recurrence of epidemic severity throughout the remainder of the year. The disease was not severe in type and, considering its widespread occurrence during the period of the year referred to above, the case mortality was low.

The following statement shows the age distribution of the cases and deaths:—

Age.	No of Cases.	No. of Deaths.	Case Mortality.
Under 5 years	1107	9	0.8%
5—15 years	666		
Over 15 years	3		_

During the year the facilities offered by the Corporation were utilised for a limited number of cases. 15 cases were admitted to the Isolation Hospital, two of which died. The District Nurses paid 558 visits to 28 cases for Home Nursing.

*WHOOPING COUGH.—The total number of cases of Whooping Cough showed a marked fall as compared with the figures for the previous year. In spite of this, however, the incidence was steady throughout the whole year and showed surprisingly little seasonal variation.

^{*} Note.—Further details regarding these diseases will be found in that section of the Report dealing with Maternity and Child Welfare, page 49.

The age distribution of cases and deaths during 1938 was as follows:—

Age.	No. of Cases.	No. of Deaths.	Case Mortality.
Under 5 years	369	6	1.6%
5—15 years	133		
Over 15 years	1		

*PUERPERAL PYREXIA.—31 cases of puerperal pyrexia were notified during the year, and 2 deaths were reported as due to puerperal sepsis.

*OPHTHALMIA NEONATORUM.—8 cases were notified during the year and all recovered with vision unimpaired.

CEREBRO-SPINAL MENINGITIS AND ACUTE POLIOMYELITIS.—Three cases of cerebro-spinal meningitis, two children and one adult, were notified during the year. Of these, one child recovered and both the other cases terminated fatally. The cases were of isolated occurrence.

Two cases of acute poliomyelitis in children were notified and recovery occurred in both instances, leaving residual paralysis. The after-treatment of both these children was undertaken by the orthopaedic services of the Corporation, one child being transferred to Heswall, and the other transferred to the care of the Orthopaedic Centre.

ACUTE ENCEPHALITIS LETHARGICA.—No cases were notified during the year.

ACUTE POLIO-ENCEPHALITIS.—One case of this disease in a child was notified during the year and was admitted to the Isolation Hospital. This case terminated fatally.

ERYSIPELAS.—During 1938, 53 cases of erysipelas were notified, and 1 death was attributed to the disease.

^{*} Note.—Further details regarding these diseases will be found in that section of the Report dealing with Maternity and Child Welfare, page 49.

DYSENTERY.—19 cases of dysentery were notified during 1938. All these cases occurred amongst the inmates of the County Mental Hospital, Rainhill, and were of a low type of virulency, corresponding to similar cases which occur sporadically in this type of hospital.

MALARIA.—No case was notified during the year.

BOROUGH ISOLATION HOSPITAL.—Once again the steady incidence of infection resulted in a busy year for the Hospital. Accommodation was fully taxed and, with the exception of two months in the early summer, there was little respite from the steady demand for bed accommodation. At the beginning of the year there were 93 patients in Hospital. New cases admitted during the year numbered 1,200, making a total number of 1,293 patients dealt with. At the end of the year there were 89 patients remaining. The highest number of patients under treatment at any one time was 125, and the lowest 39.

The number of available beds in the Hospital now totals 104.

During the winter months there was severe and extensive flooding in the grounds of the Hospital due to blockage of the culvert carrying the brook. A great portion of the grounds was left under water in the month of December, and this was followed by a collapse of the boundary wall. This seems to be but one phase of a general tendency towards subsidence, which is affecting not only the grounds but also the residency. Undoubtedly in the near future the provision of revised or extended accommodation for nursing and domestic staffs will have to be considered by the Health Committee, and it is suggested in the light of the above occurrences that special care must be taken in siting such extensions.

The details of admissions and discharges are shown in Table 12.

Table 12.

Peasley Cross Isolation Hospital.

Hospital Diagnoses of cases treated during 1938.

DISEASE	In hospital Jan. 1st, 1938	Admitted	Discharged	Died	In hospital Jan. 1st, 1939
Scarlet Fever	34	5 7 2	556	2	48
Diphtheria	48	359	359	17	31
Puerperal Fever			<u> </u>		
Puerperal Pyrexia	1	18	17	2	_
Venereal Disease		-			_
Measles		14	13	1	
Other Diseases	10	222	213	9	10
Mothers with sick babies			<u> </u>	· —	_
Babies with sick mothers	_	15	15		-
Total	93	1200	1173	31	89

Of the 572 cases of scarlet fever admitted, 17 (2.94%) were return cases.

AMBULANCE PROVISION.—Two motor ambulances are kept at the Isolation Hospital to convey patients to any of the Corporation Hospitals, and a Morris Van for the conveyance of bedding, etc. During the year the total distance travelled was 28,220 miles.

Though urgent cases are at all times conveyed to the hospital without delay, there is no regular night ambulance service.

DISINFECTION.—Disinfection of premises by means of formalin sprays is carried out by the disinfectors from the Medical Officer's Department, and bedding and articles of clothing, etc., are disinfected by steam or other appropriate method at the Borough Isolation Hospital. During the year the disinfectors dealt with 3,045 premises, and the numbers of articles disinfected at the Isolation Hospital were as follows:—

				Articles.
Blankets, Sheets and Rugs	••••		*****	13,402
Hospital Clothing and Bedding		•••••		11,508
Pillows and Cushions				8,240
Mattresses, etc.				4,907
Other Articles of Clothing				10,897
Library Books		•••••		560
Other Articles	•••••	•••••		11,491

There is no municipal cleansing station, but facilities for the cleansing and disinfection of persons and their belongings are afforded at the Borough Isolation Hospital. School children are also removed to this Institution for compulsory cleansing when required. The steam disinfector is also used for the disinfestation of bedding, etc. of families re-housed from slum property.

IV.—LABORATORY WORK.

The majority of the routine bacteriological and pathological examinations are carried out by the medical staff at the Borough Laboratory at the Town Hall, but bloods for the Wasserman reaction and specimens of an unusual nature are examined at the City Laboratories, Liverpool. Table 13 shows the numbers of specimens dealt with during 1938.

Table 13.

SPECIMENS.		Res	ults
	Number Received	Positive	Negative
Swabs for Diphtheria Sputa for Tuberculosis Hairs for Ringworm Blood for Wasserman Reaction Films for Gonococci Pus and other fluids and discharges for various organisms	7045 646 7 312 260	933 252 4 39 60	6112 394 3 273 200 213
Total	8499	1304	7195

Outfits for the collection of specimens of sputa, blood, throat swabs, etc., are supplied free of charge.

Specimens requiring chemical analysis are dealt with by the Public Analyst at his laboratories, and during the past year 400 informal samples of milk were subjected to the Gerber Test at the Borough Laboratory. In 31 of the latter samples the test indicated deficiencies.

V.—TUBERCULOSIS.

INCIDENCE.—During 1938, formal notifications under the Regulations were received in respect of 74 cases of pulmonary and 35 cases of non-pulmonary tuberculosis. In addition, 5 cases of pulmonary and 6 cases of non-pulmonary tuberculosis were transferred to St. Helens from other areas.

A further 8 new cases came to the knowledge of the Department from the following sources:—

	Pulmonary	Non- Pulmonary
Death Returns of cases not previously notified	~	2
Posthumous notifications	5 1	<u></u>
		en-di-trop
	6	2

The reasons for the failure to notify, or for posthumous notification, were given, on investigation, as difficulty in establishing the diagnosis in 3 of the cases; in 1 case the diagnosis was only established at an operation, and in 1 case previous notification was thought to have been made. In the case notified posthumously the diagnosis was only made on autopsy.

The total number of new cases for the year was, therefore, 128, of which 85 were pulmonary and 43 non-pulmonary. At the end of 1938 there remained on the Tuberculosis Register 439 cases of pulmonary and 353 cases of non-pulmonary tuberculosis. The age grouping of the new cases and of the deaths that occurred during the year is shown in Table 14.

Table 14.
Particulars of new cases and of deaths during 1938.

		New	Cases			Des	aths	
Ages	Pulr	nonary	Non-Pu	lmonary	Puln	nonary	Non-Pu	lmonary
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year 1 to 5 years 5 to 15 years 15 to 25 years 25 to 35 years 35 to 45 years 45 to 55 years 55 to 65 years 65 —	! 1 8 9 14	3 11 9 7 5 1	4 10 5 — —	3 13 5 3 —	- 1 - 2 7 8 9 2 1	- 1 5 10 6 2 1 2	3 1 4 2 - -	
Totals	47	38	19	24	30	27	10	3

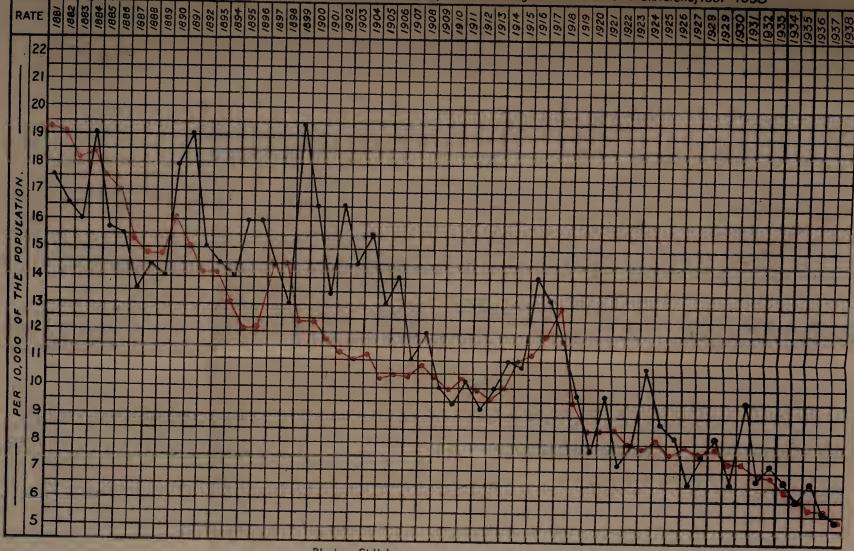
Though the formal notifications do not represent the total number of new cases each year, they form a useful guide to the incidence of the disease, and in Table 15 is set out the yearly incidence and death rate since notification was instituted in 1912.

That table shows very clearly the great decrease that has occurred both in the incidence of and deaths from Tuberculosis during the past 25 years. In pulmonary tuberculosis, the incidence and death rate have decreased by approximately 50%, while in non-pulmonary tuberculosis the decrease has been approximately 80%.

Of the 74 cases of pulmonary tuberculosis for which formal notification was received during 1938, 21 died during the year and the average duration of life after notification in these cases was 9.5 weeks. In 9 cases, death occurred within 4 weeks of notification.

MORTALITY.—During 1938 there were referable to the borough 70 deaths from all forms of tuberculosis, giving a tuberculosis death rate of 6.53 per 10,000 of the population. Of these deaths 57 were due to pulmonary tuberculosis and 13 to non-pulmonary tuberculosis. The pulmonary death rate was, therefore, 5.32, and the non-pulmonary rate 1.21 per 10,000 of the population. Of the 13 deaths coming within the non-pulmonary group, 7 were due to tuberculous meningitis. Almost all these were in young children, and though special enquiries were made in each case no source of infection could be traced.

Table 16. Death Rates from Pulmonary Tuberculosis per 10,000 of the Population in England & Wales and St. Helens, 1881 - 1938



Black: St. Helens.

Red: England and Wales.



Table 15.

Number of cases notified and number of deaths each year, 1912 to 1938.

	No. of notification	Primary as received.	Dea	ths		per 10,000 pulation
Year	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary
1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938	130 253 207 203 189 198 144 150 221 179 167 141 154 141 140 129 139 130 119 110 141 107 94 83 75 87 74		91 100 113 99 127 121 107 99 82 102 78 85 118 97 91 74 84 91 73 103 72 79 72 65 72 60 57	65 90 65 56 41 42 34 31 37 32 39 27 25 32 22 21 24 26 17 16 11 23 9 7 15 13	9.27 10.05 11.2 10.7 14.1 13.3 11.8 9.8 7.9 9.7 7.3 8.0 10.8 8.8 8.2 6.5 7.6 8.3 6.7 9.5 6.7 7.3 6.7 7.3 6.7	6.02 9.0 6.45 6.07 4.5 4.64 3.75 3.08 3.53 3.05 3.66 2.52 2.48 2.92 1.95 1.90 2.2 2.4 1.6 1.5 1.0 2.1 0.8 0.6 1.4 1.2

The ages at which the deaths occurred are shown in Table 14, and the number of deaths and the death rate from each form of the disease since 1912 in Table 15. The death rate from pulmonary tuberculosis since 1881 is shown graphically in Table 16, together with the corresponding rate for England and Wales as a whole.

TUBERCULOSIS DISPENSARY.—The work of the Dispensary during the year has, for the most part, been carried out along the lines established in previous years. Close co-operation with all medical practitioners is maintained, and it is by this co-operation and the utilization of the facilities at the Dispensary that in the majority of cases the diagnoses are established. In some

TABLE 17.

Record of work at or in connection with the Tuberculosis Dispensary during the years 1934—1938.

1934 1935 1936 1937 1938						
240 221 222 262 275		1934	1935	1936	1937	1938
3. Cases transferred from other areas or returned after discharge from the Register	time 2. New contacts examined for the					
4. New cases and contacts diagnosed to be tuberculous: Pulmonary— Adults Non-pulmonary—Adults 14 5 12 10 11 Non-pulmonary—Adults 16 23 28 22 22 Total 104 101 103 106 101 5. Contacts diagnosed to be tuberculous (included in item 4) 2 2 1 1 1 6. Removed from Dispensary Register as: Non-tuberculous 277 261 199 263 254 Recovered 61 45 37 37 40 Dead (all causes) 64 62 61 53 62 Transferred to other areas or lost sight of 45 18 13 22 13 Total 447 386 310 375 369 7. "Recovered" cases restored to Register (included in items 1 and 4)	3. Cases transferred from other areas or returned after discharge from					
to be tuberculous : Pulmonary— Adults 69 68 59 69 63 Children 5 5 5 4 5 5 Non-pulmonary—Adults 14 5 12 10 11 Children 16 23 28 22 22 Total 104 101 103 106 101 5. Contacts diagnosed to be tuberculous (included in item 4) 2 2 1 1 1 6. Removed from Dispensary Register as:— Non-tuberculous 277 261 199 263 254 Recovered 61 45 37 37 40 Dead (all causes) 64 62 61 53 62 Transferred to other areas or lost sight of 7 Interpret 105 18 13 22 13 Total 447 386 310 375 369 7. "Recovered cases restored to Register (included in items 1 and 4) — 1 — — 8. Cases on Dispensary Register on 31st December:— Diagnosis completed: Pulmonary—Adults 58 53 53 57 61 Non-Pulmonary—Adults 58 53 53 57 61 Non-Pulmonary—Adults 58 53 53 57 61 Children 189 180 187 192 194 Diagnosis not completed: Adults 6 11 9 8 7 Children 189 180 187 192 194 Total 691 667 668 654 654 9. Pulmonary cases on Register on 31st December which were T.B.+ 17 Total 691 667 668 654 654 9. Pulmonary cases on Register on 31st December which were T.B.+ 130 130 132 135 142 10. Consultations with medical practitioners (personal and other) 11 Spottum examinations 260 170 94 98 121 12. X-ray examinations 364 378 513 637 940 13. Home visits by Nurses or Health Visitors 1903 2043 2096 1713 1476	Total	398	362	311	361	369
5. Contacts diagnosed to be tuber- culous (included in item 4)	to be tuberculous : Pulmonary— Adults ,, Children Non-pulmonary—Adults ,, Children	5 14 16	5 5 23	4 12 28	5 10 22	5 11 22
Culous (included in item 4)		104	101	100	100	101
Register as :		2	2	1	1	1
7. "Recovered" cases restored to Register (included in items 1 and 4)	Register as :— Non-tuberculous Recovered Dead (all causes) Transferred to other areas or	61 64	45 62	37 61	37 53	40 62
Register (included in items 1 and 4)	Total	447	386	310	375	369
on 31st December :— Diagnosis completed: Pulmonary— Adults	Register (included in items 1		1			
Children 5 7 21 10 12 Total 691 667 668 654 654 9. Pulmonary cases on Register on 31st December which were T.B. + 130 130 132 135 142 10. Consultations with medical practitioners (personal and other) 146 128 128 164 206 11. Sputum examinations 260 170 94 98 121 12. X-ray examinations 364 378 513 637 940 13. Home visits by Tuberculosis Officer 126 74 115 106 118 14. Home visits by Nurses or Health Visitors 1903 2043 2096 1713 1476	on 31st December:— Diagnosis completed: Pulmonary— Adults ,, Children Non-Pulmonary—Adults ,, Children Diagnosis not completed:	. 155 . 58 . 189	145 53 180	137 53 187	129 57 192	126 61 194
9. Pulmonary cases on Register on 31st December which were T.B.+				21	10	
31st December which were T.B. + 130 130 132 135 142 10. Consultations with medical practitioners (personal and other) 146 128 128 164 206 11. Sputum examinations	Total	. 691	667	668	654	654
11. Sputum examinations 260 170 94 98 121 12. X-ray examinations 364 378 513 637 940 13. Home visits by Tuberculosis Officer 126 74 115 106 118 14. Home visits by Nurses or Health Visitors 1903 2043 2096 1713 1476	31st December which were T.B.+ 10. Consultations with medical prac-					
12. X-ray examinations 364 378 513 637 940 13. Home visits by Tuberculosis 126 74 115 106 118 14. Home visits by Nurses or Health 1903 2043 2096 1713 1476						
Officer 126 74 115 106 118 14. Home visits by Nurses or Health Visitors 1903 2043 2096 1713 1476	12. X-ray examinations					
Visitors 1903 2043 2096 1713 1476	Officer		74	115	106	118
	Visitors	. 1903	2043 2358	2096 1723	1713 1368	1476 1575

cases contacts, who at the primary investigation have shown no evidence of active tuberculosis, are kept under observation over a period of years. Serial X-rays are taken and tuberculin tests performed as circumstances determine.

During the year a number of radiological examinations were carried out, at the request of the Silicosis Board, on cases claiming compensation for pulmonary disease alleged to be due to inhalation of particles of silica.

Intratracheal lipiodol injection was performed in 10 cases for diagnostic purposes, and the final diagnoses in these cases were—bronchiectasis 3, carcinoma 4, pulmonary atelectasis 3.

At the Tuberculosis Clinic, five sessions, including two evening ones, are held weekly for ordinary cases. A further special session is also held weekly for radiography and X-ray therapy alternately. The practice of inviting patients to attend by appointment is maintained and works very satisfactorily. Home visiting is carried out as routine by the Health Visitors and the Tuberculosis Nurse, and by the Tuberculosis Officer if required.

A record of the work in connection with the Dispensary during the last five years is shown in Table 17.

During 1938, 275 new cases and 83 contacts were added to the Dispensary Register, and 11 cases were transferred from other areas; 40 cases were discharged from the Register as recovered; 254 were written off as non-tuberculous; 62 died; and 13 were lost sight of or transferred to other areas. This left, at the end of the year, a total of 654 persons on the Register.

Of the 275 cases examined for the first time during 1938, 153 were referred by medical practitioners, 68 were referred by the medical officers of the maternity and child welfare or school medical services, 15 sought the services of the clinic spontaneously and only

39 were notified prior to their initial attendance. The percentage of actual cases of tuberculosis seen by the Tuberculosis Officer before notification was 61.8%, as compared with 53.4% in 1937.

Of the 792 known cases of tuberculosis in St. Helens 635, or 80.2%, have been seen by the Tuberculosis Officer, and of the 120 new cases in 1938, 99, or 82.5%, were examined by him at one time or another.

During 1938, home disinfection of premises and bedding was carried out in 610 instances.

There are no special arrangements under the Tuberculosis Scheme for the provision of home nursing in St. Helens, but many of the cases are dealt with by the St. Helens and District Nursing Association, to whom the Corporation make a grant. Shelters for the use of patients at home are not provided in St. Helens.

No case came to notice in which action was required under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (control of tuberculous persons employed in the milk trade), nor was it necessary to obtain compulsory removal to hospital of any patients under Section 172 of the Public Health Act, 1936.

NON-PULMONARY TUBERCULOSIS.—Cases of bone and joint tuberculosis in children are treated under the Council's Orthopaedic Scheme, and details of these are given in the Orthopaedic Section of the Report.

Operative treatment for adult cases is provided at the Royal Southern Hospital, Liverpool, and occasionally at the Shropshire Orthopaedic Hospital, Oswestry. During 1938, 5 cases were dealt with at the Royal Southern Hospital. In one case a spinal bone graft was performed with very satisfactory results.

The arrangements with the Liverpool Corporation for the treatment of cases of lupus from St. Helens at their heliotherapy clinic at the Belmont Road Institution were continued, and two

patients received light treatment at that institution with considerable benefit. Five other cases of lupus were treated at the Dispensary during the year by the injection of hydnocarpus esters, and two of these have shown considerable improvement.

At the Claughton Street Clinic, radio therapy was utilized in 36 cases of tuberculous adenitis and 3 cases of tuberculous skin affections, the attendances totalling 448 in all. In addition 17 cases with discharging sinuses made 1075 attendances for special dressings by the Tuberculosis Nurse.

During 1938, patients suffering from the following types of disease received in-patient treatment at various institutions:—

Bones and Joints	•••••	••••	•••••	•••••	*****	*****	27
Abdominal	•••••	*****	*****	•••••	•••••	*****	5
Other Organs			•••••			*****	1
Peripheral Glands	****	•••••	*****	*****	*****	*****	4

DENTAL TREATMENT.—In-patients at Eccleston Hall Sanatorium are examined regularly by the Dental Surgeon, and minor treatments such as extractions, fillings, etc., are carried out and in special cases dentures are supplied. There is no special scheme for dealing with patients attending the Dispensary, but urgent cases are from time to time referred to the Dental Surgeon for treatment.

During the year 68 patients were treated at Eccleston Hall Sanatorium, and treatment was provided for 3 dispensary cases.

INSTITUTIONAL TREATMENT.—Institutional treatment for cases of tuberculosis in St. Helens is provided as follows:—

(a)—Eccleston Hall Sanatorium:—maintained by the St. Helens Corporation. This institution contains 70 beds with accommodation for approximately 32 men, 18 women, and 20 children.

By arrangement with the Lancashire County Council this institution admits cases from the County area as well as from the Borough, and during the year 102 patients were admitted, 65 were

Table 18.

Return showing the immediate results of treatment of definitely tuberculous patients and of observation of doubtful cases discharged from approved Residential Institutions during the year 1938.

-			I	Durat	ion o	Resid	lentia	l Tre	atmen	t in t	he In	stituti	on.					to a
on ac	Classification on admission to the Institution Condition at time of discharge		Under 3 months but exceeding 28 days		3—6 months		6—12 months			re the		Totals			Grandle Totals			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
	Class	Quiescent	_		_	2	1	2	2	1	_	1		1	5	2	3	10
	T.B.	Not Quiescent		1		-					_			_	_	1	_	1
is.	minus.	Died in Institution			_				_		_	_	_	_		_	_	
Tuberculosis	Class	Quiescent			_	_		_	_	_	_	_	_	_	_	_	_	
berc	T.B.	Not Quiescent	_		_	_		_			_	_			_	_		
Tul	Group 1	Died in Institution	_	_	_			_		_	_	_			_			
ary	Class T.B.	Quiescent				1	_	_	2			_	<u>l</u>		3	1	_	4
Pulmonary	plus Group 2	Not Quiescent	1	_	_	1	2	_	1	1	_	_	_	_	3	3	_	6
Pulr	Group 2	Died in Institution	_	_	_	_	_	_		_	_	_					_	
	Class T.B.	Quiescent	_	_			1	_	_					_	_	1	-	1
	plus Group 3	Not Quiescent	2	1	<u> </u>	1	3		1		_	1	4	_	5	8	_	13
	Oroup 5	Died in Institution	4	2	_	3	2	_	1	3		2	1	_	10	8	_	18
	Bones	Quiescent	1	_	_	1	_	<u> </u>	_	_		2	1	4	4	1	4	9
	and Joints	Not Quiescent		_	-		_	_	-	_	1		_	_		_	1	1
sis	Joints	Died in Institution		_	_	_	_	_		_	_	1		_	1		_	1
uberculosis		Quiescent	_	_	_	_	_	_		_	1					_	1	1
ıber	Abdom- inal	Not Quiescent	_	_		_		1		_			_	_		_	1	1
[-	Illai	Died in Institution	_	_	1		-		1	_		_			1	_	1	2
nary	Other	Quiescent			_		_	_	_	_	_		_	_				
lmo	Organs	Not Quiescent	_	_	_		_	_		_	-		_			_		
-Pu		Died in Institution		_		_	_			_	-		_	_	_		_	
Non-Pulmonary	Peri-	Quiescent	_	2	_	_		_		_	1	_		1		2	2	4
	Glands	Not Quiescent		_	_	_	_			_			_	_	_	_	_	_
		Died in Institution		-	_	-	-	-	-	-	-	-		-	-	-	-	-

Diagnosis from c	Diagnosis on discharge from observation.						For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis					Totals	
	from observation.			Stay under 4 weeks				Stay over 4 weeks Stay under 4 weeks			Stay over 4 weeks		1 Otals						
					M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous			***	• • •		_		1	l			_	_		_	_	1	1	-
Non-tuberculous	* * *	•••		•••	3		_	2	1	1	-		1	l	_		6	1	21
Doubtful	•••	***	***	•••	_	_		_				_	_		_	_		_	
	Totals	•••	•••		3	_	_	3	2	1		_	1	1	_	-	7	2	2!

NOTE—Pulmonary Tuberculosis: Patients suffering from this disease are now divided into two classes, viz: Class T.B. minus, which comprises those patients in whose sputum tubercle bacilli have never been found: Class T.B. plus which comprises those cases in which tubercle bacilli have at any time been found.

Class T.B. plus is further sub-divided into three groups. Group 1 comprises early cases who will probably have their disease arrested by a period of Sanatorium treatment. Group 3 includes advanced cases and cases with grave complications, e.g., diabetes and tuberculosis of larynx or intestine. Group 2 includes all cases of Class T.B. plus who cannot be placed in groups 1 and 3.

TABLE 19.
Institutional Treatment during the year 1938.

(a)—in Non-Poor Law Institutions.

		In Institutions on Jan. 1	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on Dec. 31
	Adult Males	1	6	6	1	-
Number of doubt- fully tuberculous cases admitted for	Adult Females		3	2	_	1
observation	Children	2	3	2		3
	Total	3	12	10	1	4
Number of patients	Adult Males	22	41	17	14	32
suffering from pul- monary tuberculosis	Adult Females	16	28	19	11	14
tuberculosis	Children	2	3	3		2
	Total	40	7 2	39	25	48
Number of patients	Adult Males	5	3	4	2	2
suffering from non-pulmonary	Adult Females	2	3	2.		3
tuberculosis	Children	15	9	11	1	12
	Total	22	15	17	3	17
Gran	nd Total	65	99	66	29	69

(b)—in Poor Law Institutions.

(0)	11 1 001 1.	Ja VV IIIOUI	TO THE TOTAL PROPERTY OF THE PARTY OF THE PA			1
		In Institutions on Jan. 1	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on Dec. 31
Number of not	Adult Males	4.	17	18	2	1
Number of patients suffering from pulmonary tuberculosis	Adult Females		5	4		1
admitted for	Children	-	1		1	
treatment	Total	4	23	22	3	2
NI I C	Adult Males		1			
Number of patients suffering from non-pulmon-	Adult Females	_	1	1		
ary tuberculosis admitted for	Children		5	3	2	
treatment	Total		7	5	2	
Gra	and Total	4	3)	27	5	2

discharged, and 32 died. The average length of stay of the patients who were discharged was 270 days, and of those who died, 176 days. Of the 32 who died, 12 had been in the Sanatorium for less than 8 weeks.

Patients in all stages are admitted to this Sanatorium. Though it is not a large institution it satisfies the major needs of the town in dealing with the problem of tuberculosis. The advanced case which is highly infectious is removed from home contact whilst at the same time receives that skilled nursing attention which he requires. The early case is treated with rest such as never could be carried out at home, and at the same time is educated to adapt himself to the new mode of life necessitated by his altered circumstances. In addition every facility is available, if indicated, for more active forms of treatment.

During the year, 20 patients were undergoing collapse therapy in one form or another. Artificial pneumothorax refills totalled 392; there were 8 inductions performed and 2 unsuccessfully attempted. Five patients received courses of injections of gold salts administered either intravenously or intramuscularly. All treatment is controlled in part by serial blood sedimentation tests, of which 204 were performed during the year.

During the year, the Maternity and Child Welfare Officer arranged for several cases of tuberculous females in the early stages of pregnancy to be admitted to the Sanatorium and kept there under constant supervision until transferred direct to the Maternity Hospital for confinement.

The Sanatorium school provides education for child inmates able to attend, and bedside tuition is given to those medically fit to benefit therefrom. The 39 children in the Sanatorium during the year attended the school for an average of 75 days each. The average daily attendance at the school was 9.

(b)—Four beds are reserved at the Liverpool Sanatorium, Delamere, for early pulmonary cases.

- (c)—Seven beds are reserved at the Leasowe Open-Air Hospital for Children, for non-pulmonary cases.
- (d)—Occasional beds are taken as and when required for special cases at various institutions.

In addition to the above, 60 beds are available and used as required for pulmonary or non-pulmonary poor law cases at the County Hospital, Whiston.

Table 18 shows the immediate results of treatment of St. Helens patients discharged from residential institutions during the year, and Table 19 shows the extent of institutional treatment provided.

VI.—VENEREAL DISEASES.

The arrangements for treatment and for the bacteriological examinations of specimens, remained as in previous years.

An analysis of the work carried out, at or in connection with the Venereal Diseases Centre, is shown in Table 20, and Table 21 shows the number of new cases each year since 1923.

During 1938 there was a decrease in the number of cases of male syphilis coming under treatment for the first time, while the corresponding figure for female cases was unchanged from the previous year. Most of the cases, however, were of long standing or of a congenital type and only in two instances were the infections of a primary nature. It may therefore be taken that the incidence of fresh infection in the town is decreased.

The position with regard to discharges from the centre was very satisfactory. Ten cases, five of each sex, completed their treatments and were discharged as cured. Attendances for treatment were good on the whole, and as regards defaulters only one early case of the disease failed to complete one course of treatment.

Table 20.

Record of work carried out at or in connection with the Venereal Diseases Centre during 1938.

	Syph	Syphilis Soft Chancre		Gonorrhoea Conditions other than Venereal			Totals				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tot
 Number of cases on 1st January under treatment or observation Number of cases removed from the register during any previous year which returned during the year 	18	18		_	10	23		8	28	49	77
under report for treatment or observation of the same infection		1		—		2				3	3
clusive of cases under Item 4)	5	7		_	36	13	21	34	62	54	116
fection	1	1			2.	3			3	4	7
Totals of Items 1, 2, 3 and 4	24	27			48	41	21	42	93	110	203
5. Number of cases discharged after completion of treatment and final tests of cure (see Item 15) 6. Number of cases which	5	5			18	7	21	40	44	52	90
ceased to attend before completion of treatment. 7. Number of cases which ceased to attend after com-	6	6		_	8	13			14	19	33
pletion of treatment but before final tests of cure 8. Number of cases trans-	1				5				6		(
ferred to other centres or to institutions, or to care of private practitioners 9. Number of cases remain- ing under treatment or observation on 31st Dec-	_	1		<u> </u>	5	2			5	3	
ember	12	15	-	_	12	19		2	24	36	60
Totals of Items 5, 6, 7, 8 and 9	24	27	_	_	48	41	21	42	93	110	201
10. Number of cases of syphilis included in Item 6 which failed to complete one course of treatment	1	_		-	_				1		
11. Number of attendances— (a) for individual attention of the medical officers	306	232			381	126	40	95	727	453	118
(b) for intermediate treatment, e.g., irrigation, dressing	14				1759	1395	56	19	1829	1414	324
Total Attendances	320	232			2140	1521	96	114	2556	1867	442

Table 20—continued.

Syphilis		Soft Chancre Gonorrh		rrhoea	Conditions other than Venereal		Totals				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total
In-patients:— (a) Total number of persons admitted for treatment during the year (b) Aggregate number of "in-patient days" of					_	1		_		1	1
treatment given						16				16	16
	Under	· I year	1 and 5 ye	under	5 and 15 y	under years	15 ye and o		7	Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.
Number of cases of congenital syphilis in Item 3 above classified according to age periods		2		1	_	1	1	_	1		4

TABLE 21.

Number of Cases of Venereal Diseases dealt with for the first time during the years 1923 to 1938.

Males	Females — — —	Males 34 * 30	Females 2 9
		30	
		-	9
		26	
		26	4
1		33	9
4		42	14
3		62	11
2		55	14
1		40	14
		22	16
		24	21
		32	18
2		3942°	17 19
		4340	21 \$
	_	33 33-34	15 ×
		47	19
	_	36	13
	7		

There was a marked fall in the incidence of primary gonorrhoeal infection in both sexes. Attendances for treatment were well maintained and the proportionate number of cases discharged as cured maintained a very satisfactory standard. No cases of a complicated nature were dealt with. Continued success was met with in cases under treatment with sulphanilamide, but in several instances toxic effects were noticed and the drug had to be discontinued. Later on in the year, a change was made and the use of the new drug M. and B. 693 was instituted. It is an undoubted fact that similar successful results were obtained with this drug, while the patients seem to possess a greater tolerance towards it. The period of exhibition of acute symptoms was greatly shortened, and in no case was there a relapse after the drug had been discontinued. Admittedly the number of cases was small, but results such as have been obtained until now seem to indicate that the course for cure will be rendered more efficient, and the period of cure will be shortened by a continued use of the drug.

One satisfactory feature of work at the Centre was the increase in the number of cases attending who were diagnosed as non-venereal disease. It is in this sphere of prevention and investigation before the disease is established, that the most useful work of the clinic can be done and the greatest benefit to the community assured.

VII.—SUMMARY (for reference) of Nursing Arrangements, Hospitals, and other Institutions available for the district.

(As on 31-12-1938).

HOME NURSING.—The St. Helens and District Nursing Association, supported by voluntary contributions, maintain a superintendent, two assistant superintendents, and twenty nurses to attend non-infectious cases in their own homes. 2,932 cases were nursed during the year, the total number of visits amounting to 115,571.

Arrangements are in operation for the Association to undertake for the Corporation the home nursing of cases of puerperal pyrexia, and of certain infectious diseases in children under 5 years of age.

MIDWIVES.—Under the Domiciliary Midwifery Service of the Corporation, 14 whole-time midwives and 1 supervisor are now maintained by the Corporation, and their services as midwife or maternity nurse are available for any mother wishing to be confined in her own home. Applications for this Service are made direct to the midwife concerned. Appropriate fees are charged in each case, but the whole or part of the fee may be remitted in necessitous cases.

CLINICS AND TREATMENT CENTRES.—The following clinics and treatment centres are provided by the Corporation:

(1).—Infant Welfare Clinics.—For children under 5 years of age.

- (a) Town Hall CentreMonday and Thursday, 2 to 4 p.m.

 For North and South Windle,

 Hardshaw and Blackbrook districts.
- (b) Albion Street CentreMonday and Friday, 2 to 4 p.m.

 For Eccleston, Newtown, Dentons

 Green, Cowley Hill and Central

 districts.
- (c) Elizabeth Street Centre Tuesday, 2 to 4 p.m. For Sutton district.
- (d) Gartons Lane CentreWednesday, 3 to 4 p.m. For Marshalls Cross, Sutton Manor and Clock Face districts.
- (e) West Street CentreThursday, 2 to 4 p.m. For Thatto Heath district.
- (f) Nunn Street CentreWednesday, 2 to 4 p.m. For Derbyshire Hill and Parr districts.

- (2).—Toddlers' Clinics.—For the bi-annual survey of children age 2 to 5 years.
 - (a) Albion Street CentreTuesday, 2 to 4 p.m.
 - (b) Town Hall CentreThursday, 10 to 11-30 a.m.
 - (c) West Street Centre) Alternate Wednesdays, 10 to
 - (d) Nunn Street Centre 11-30 a.m.
- (3).—Ante-natal Clinics.—For ante-natal cases only.
 - (a) Town Hall CentreTuesday and Friday, 2 to 4 p.m.
 - (b) Elizabeth Street Centre Thursday, 10 to 11 a.m.
 - (c) Gartons Lane Centre.....Wednesday, 2 to 3 p.m.
 - (d) West Street CentreMonday, 2 to 4 p.m.
 - (e) Nunn Street CentreFriday, 10 to 11 a.m.
- (4).—Gynaecological and Post-natal Clinic.—For diseases or disablements associated with child-bearing.

 Town Hall Centre.......Tuesday, 10-30 a.m. to 12 noon.
- (5).—Test-feeding Clinic.—For nursing mothers.

 Albion Street Centre—Tuesday and Thursday, 9 a.m. to
 12 noon.
- (6).—Sunlight Clinic.—For weakly and rachitic children.
 Town Hall Centre—Monday and Friday, 9 to 11-0 a.m.
- (7).—School Clinic, Claughton Street.—For treatment of minor ailments, throat and nose defects, eyes, and dental defects and the X-ray treatment of ringworm. Minor ailments and dental defects are treated daily from 8-45 a.m. to 5 p.m. (Saturdays 8-45 a.m. to 12 noon), and other defects on special days. The Dental Department is at Old Bank House. A scale of income has been drawn up for recovery of cost of treatment in non-necessitous cases.

District Clinics for the treatment of minor ailments are also open for a few hours daily at Derbyshire Hill, Sutton, Sutton Manor, Thatto Heath and Albion Street. After school dental inspection, Dental Clinics are held at Sutton, Sutton Manor and Thatto Heath for varying periods.

(8).—School Inspection Clinics.—For schoolchildren, for consultation or advice.

Town Hall Centre—Wednesday and Saturday, 9 to 11 a.m.

- (9).—Tuberculosis Dispensary, Claughton Street.—Open Monday from 3-30 to 5 p.m. (X-ray) and from 5-30 to 7 p.m., Wednesday from 10 to 11-30 a.m., Thursday from 2-30 to 4-30 p.m., and Friday from 10 to 11-30 a.m., and from 5-30 to 7 p.m. X-ray is available at all sessions, but Monday (3-30 to 5 p.m.) is reserved solely for X-ray work.
- (10).—Venereal Diseases Centre, Claughton Street.—Open for males on Monday, 5-30 to 7 p.m., and for females, Wednesday, 5-30 to 7 p.m. The centre is also open daily from 9 a.m. to 5 p.m. on Monday to Friday, and to 12 noon on Saturday, for irrigation, advice and prophylactic treatment.
- (11).—Orthopaedic Clinic.—At the Maternity and Child Welfare Centre, Albion Street. Orthopaedic Surgeon attends on 2nd and 4th Wednesdays of each month, from 2 to 4 p.m. Intermediate treatments are given by the orthopaedic nurse daily at Albion Street Clinic, and once weekly at the Elizabeth Street, Gartons Lane, West Street and Nunn Street Maternity and Child Welfare Centres.
- (12).—Immunisation Clinic.—For immunising children against diphtheria. Tuesday and Wednesday at 2 p.m. at the School Clinic, Claughton Street.
- (13).—Aural Clinic.—The Ear, Nose and Throat Surgeon attends fortnightly—Thursday, 11-0 a.m. to 12-0 noon. Intermediate treatments are given by the Nurse in charge of the Aural Clinic, daily, from 1-15 to 5-0 p.m. at Claughton Street Clinic.
- (14).—Speech Defect Class.—Held at the Windle Pilkington Infants' School. Sessions are held each Tuesday and Wednesday from 9-15 to 11-45 a.m., and each Friday from 9-15 to 11-45 a.m. and 1-30 to 4-0 p.m.

HOSPITALS.—

Provided by the Council:—

- (1)—Borough Isolation Hospital, Peasley Cross. For Infectious Diseases (other than smallpox). Beds: 104. Resident staff: matron and 27-28 nursing staff. Admissions and discharges are under the control of the Medical Officer of Health, but patients are treated by their own medical practitioners. The Corporation provide specialist services in necessitous cases when required.
- (2)—Eccleston Hall Sanatorium. For Pulmonary and convalescent or non-active Non-Pulmonary Tuberculosis. Total Beds: 70. Resident Staff: 1 medical officer, sister-in-charge and 15 nursing staff. Non-resident female teacher. Orthopaedic Surgeon visits periodically and the Corporation Dental Surgeon visits weekly. Cases are also admitted from the Lancashire County Council area.
- (3)—The St. Helens Maternity and Child Welfare Hospital, Cowley Hill. For maternity cases and for ailing and debilitated children. Beds: maternity, 20; ailing and debilitated children, 32. Resident staff: 1 medical officer, matron, and 18 nursing staff. The Council's Consultant Obstetrician attends as and when required.

Subsidised by Council:—

- (1)—Sankey Smallpox Hospital for cases of smallpox. St. Helens pays an annual retaining fee to the Warrington Corporation and the costs of treatment of any patient admitted from St. Helens.
- (2)—County Hospital, Whiston. Transferred from the Prescot Board of Guardians to the Lancashire County Council under the Local Government Act, 1929. Total Beds available 511.

There are 4 resident medical officers. The visiting consultant staff comprises an ophthalmic surgeon, a dentist, an

anaesthetist, an obstetrician, an ear, nose and throat surgeon, a radiologist, a bone specialist and a general surgeon, and the medical superintendent has authority to call in any other specialist or consultant assistance if he wishes. The pathological work is carried out at the County Mental Hospital, Rainhill. The hospital is used mainly for the reception of Poor Law cases, but a number of private cases are admitted, and the tendency is for the hospital to be used more and more as a general hospital. By an arrangement with the Lancashire County Council, all Poor Law cases from St. Helens are admitted to this Institution.

(3)—An average of 7 beds is also retained at the Leasowe Open-Air Hospital for Children and 4 at Delamere Sanatorium, and in-patients are sent to other hospitals or institutions as required.

Other Hospitals.—The St. Helens Hospital.—Supported partly by subscribers and partly by contributions. For all medical and surgical non-infectious cases. Also 17 beds for maternity cases. Total accommodation about 164 beds. Out-patient department for Ophthalmic, Ear, Throat and Nose, Gynaecological cases, and Massage and Sunlight cases.

The Providence Free Hospital.—Accommodation for about 130 patients (general medical and surgical cases). This hospital has also an out-patient department for ophthalmic, ear, throat and nose, gynaecological cases, and massage and sunlight cases.

Ambulance facilities.—For infectious cases, two ambulances are maintained by the Corporation at the Peasley Cross Isolation Hospital. Both general hospitals maintain ambulances and these are used as required. The Police also maintain an ambulance for street accident cases.

VIII.—MATERNITY AND CHILD WELFARE.

NOTIFICATION OF BIRTHS.—Under the Notification of Births Acts, 2,099 live births and 108 still-births were notified

during the year. For these, 1,990 notifications were received from midwives and 217 from doctors. The total number of live births registered as belonging to St. Helens for the year was 1,952 as compared with 1,996 in 1937, and the birth rate for the year was 18.2 per 1,000 of the population as compared with 18.6 per 1,000 during 1937.

INFANT MORTALITY.—During 1938, 1,952 births were registered for St. Helens, and the deaths of 136 infants under one year of age occurred, giving an infant mortality rate of 69.7 per 1,000 births as compared with 87.7 for the previous year. Of the 136 deaths under one year, 130 were legitimate children and 6 illegitimate children, giving a legitimate infant mortality rate of 68.1 per 1,000 legitimate births and an illegitimate infant mortality rate of 142.9 per 1,000 illegitimate births. The infant mortality rate for England and Wales was 53 per 1,000 births, and for the 126 County Boroughs and Great Towns 57 per 1,000 births.

The principal causes of the deaths in 1938 were as follows:—

Congenital debility, malformation and	
premature birth	75
Pneumonia	18
Bronchitis and other respiratory diseases	6
Whooping Cough and Measles	7
Diarrhoea, etc.	10
Other Digestive diseases	1
Influenza	1
Violence	3
Other defined diseases	15

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The following statement reviews the infant death rates per 1,000 births under the principal causes in the years 1933 to 1938.

Infant Mortality per 1,000 Births. 1933 1934 1935 1936 1938 Congenital Debility, malformation and prema-47.44 40.19 46.90 29.80 49.10 ture birth 38.42 Pneumonia, Bronchitis and other respiratory diseases 33.01 10.17 22.22 11.62 19.54 12.30 Measles and Whooping 3.59 8.77 1.45 5.92 1.52 2.50 Cough Diarrhoea, etc. 5.67 2.91 7.40 4.55 4.01 5.12 ***** All other Diseases 20.63 10.65 11.85 8.59 12.53 10.25

The ages at which these deaths occurred during these years are shown in the following statement:—

	Infant Mortality per 1,000 Births.							
	1933	1934	1935	1936	1937	1938		
Deaths under 1 day old	14.44	13.56	15.30	11.11	19.54	13.83		
Deaths 1 to 7 days old	15.47	10.65	15.30	11.11	16.03	15.37		
Deaths 1 to 4 weeks old	15.47	11.62	14.81	8.59	15.03	9.22		
Total mortality under 1								
month old, i.e., neo-natal								
deaths	45.38	35.83	45.41	30.81	50.60	38.42		
Deaths 4 weeks to 3 months								
old	19.03	7.26	13.82	5.05	10.52	9.73		
Deaths 3 to 6 months old	18.57	8.71	15.80	7.58	10.52	8.71		
Deaths 6 to 12 months old	32.49	13.56	19.24	12.63	16.03	12.81		

The Infant Mortality rate (of 69.7 per 1,000 births) for St. Helens during 1938 is the third lowest Infant Mortality Rate recorded for the borough and shows a decrease on the rate of 87.7 per 1,000 births in 1937. The deaths due to congenital debility, malformation and premature birth constitute the majority of deaths under one year of age and occur during the first month of life, i.e., in the neo-natal period. These neo-natal deaths still remain high and by doing so the need for careful ante-natal supervision is again demonstrated.

STILL-BIRTHS.—The number of still-births registered for St. Helens during the year was 105. All the still-births occurring in the borough were notified under the Notification of Births Acts.

The following statement shows the number of still-births for St. Helens since 1928 compared with the number of live births, and expressed as a percentage of the total live and still-births.

•				
Year	No. of Live Births.	No. of Still-Births.	Total Births.	No. of Still- Births expressed as a rate per 1,000 Total Births.
1928	2405	105	2510	41.8
1929	2259	107	2366	45.2
1930	2343	108	2451	44.6
1931	2178	103	2281	45.2
1932	2160	104	2264	45.9
1933	1939	121	2060	58.7
1934	2065	116	2181	53.2
1935	2026	106	2132	49.7
1936	1980	82	2062	39.8
1937	1996	104	2100	49.5
1938	1952	105	2057	51.0

Special enquiries are made into all still-births that occur, and from such enquiries into the 108 cases notified in St. Helens during 1938, the causes of still-birth in these cases would appear to be as follows, viz.:—

Condition in Mother.		CONDITION IN CHILD.	
Renal Disease	18	Prematurity	21
Accidental Haemorrhage	10	Breech delivery	8
Placenta Praevia	6	Cord around neck	3
Difficult labour	6	Prolapsed Cord	8
Shock	1	Anencephaly	4
Toxaemia of Pregnancy	9	Hydrocephaly	3
Syphilis	2	Spina Bifida	1
Cause not known	8		

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TABLE 22.

Maternal Mortality.

Year	No. of Live Births.	No. of women registered as dying from diseases and accidents of pregnancy and child-birth.	Maternal Mortality per 1,000 live births.	Maternal Mortality per 1,000 live and still- births.
1911 1912 1913 1914 1915 1916 1917 1918 1919	3247 3137 3199 3357 2966 2599 2217 2435 2687 3334	10 6 9 17 16 9 10 13 18	3.08 1.91 2.81 5.06 5.39 3.46 4.51 5.34 6.7 5.1	
Average for years 1911/1920			4.3	
1921 1922 1923 1924 1925 1926 1927 1928 1929 1930	3059 2813 2615 2628 2630 2561 2359 2405 2259 2343	15 11 3 17 14 11 8 11 13 12	4.9 3.91 1.14 6.47 5.32 4.29 3.39 4.57 5.75 5.12	
Average for years 1921/1930	_		4.5	
1931 1932 1933 1934 1935 1936 1937 1938	2178 2160 1939 2065 2026 1980 1996 1952	7 9 11 11 5 10 15	3.21 4.17 5.67 5.33 2.47 5.05 7.51 6.15	3.07 3.97 5.34 5.04 2.35 4.84 7.14 5.83
Average for years 1931/1938			4.91	4.67

MATERNAL DEATHS.—During 1938, 12 deaths (2 from puerperal sepsis and 10 from other puerperal causes) were registered as resulting from diseases or accidents of pregnancy. The maternal mortality for the year was, therefore, 5.83 per 1,000 live and still-births. Table 22 shows the maternal mortality since 1911.

As has been the custom for many years, special enquiries are made into all maternal deaths certified as such, and also into all deaths in which, though not certified as due to puerperal causes, there is reason to suspect that the deaths may be associated with such causes. During 1938 it was found, however, that all deaths which might truly be attributable to puerperal causes had been certified as such. The true total number of maternal deaths occurring in St. Helens was, therefore, that stated by the Registrar General, namely 12, and from the special investigations carried out it was ascertained that the true causes of death in these cases could be attributed to the following conditions:—

Puerperal Sepsis	2
Pulmonary Embolism	5
Placenta Praevia	2
Accidental Haemorrhage due to Chronic Nephritis	1
Toxaemia of pregnancy	1
Post Partum Haemorrhage due to Adherent Placenta	1
	12

Of the two maternal deaths from Sepsis one followed instrumental delivery and the other was due to Puerperal Pneumonia which occurred on the seventh day after a normal confinement. Both cases were treated in hospital.

It will also be seen from the above Table that five deaths were due to Pulmonary Embolism—three followed normal confinements, one was subsequent to a miscarriage and one was due to long-standing Bronchiectasis. Three of these patients had been

in very poor general health previous to their confinements, but had received medical attention from their own doctor during the pregnancy.

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN.

Puerperal Pyrexia.—During the year 31 cases of puerperal pyrexia were notified, and 2 deaths were registered as being due to puerperal sepsis.

The subsequent diagnosis of the 31 cases notified	were :
Puerperal Septicaemia	6
Localised Pelvic Infection	12
Mastitis	4
Pyelitis	4
Phlegmasia Alba Dolens	2
Tonsillitis	1
Rheumatic Fever	1
Pulmonary Infarct	1
	31

With regard to the 6 cases of Septicaemia, 2 occurred after instrumental delivery, 1 followed manual removal of placenta, 1 was due to abortion and 2 followed normal delivery. All cases were treated in hospital and 2 died.

There were 12 cases of localised Pelvic Infection, 4 of which followed absorption from severely lacerated perineum, 3 occurred after normal delivery, 2 after instrumental delivery, 2 were subsequent to Post Partum Haemorrhage and 1 to retained membranes. All these cases were treated in hospital and all recovered.

Beds are available for these cases at the Borough Isolation Hospital, and home nursing can be arranged with the District Nursing Association. During the year 23 patients were treated in the Isolation Hospital, 4 at the St. Helens Hospital, 1 at the County Hospital,

Whiston, and 3 were nursed at home by the District Nursing Association. The services of the Consultant Obstetrician were sought on 4 occasions.

Ophthalmia Neonatorum.—8 cases were notified during the year. All of these were treated at home under the Council's arrangements with the District Nursing Association, but 2 were subsequently removed to the Isolation Hospital. All recovered with vision unimpaired.

Pemphigus.—3 cases of pemphigus neonatorum occurred in 3 midwives' practices. All the cases were nursed at home by the District Nursing Association. The midwives were suspended from duty and their houses, clothing and instruments were disinfected.

Other Infectious Diseases.—Table 23 shows the number of cases of infectious diseases which occurred in children under 5 years of age, and the deaths resulting therefrom.

Table 23. Infectious diseases at ages 0-1 and 1-5 years.

	Under 1 year		1—5 y€	ears
	Cases	Deaths	Cases	Deaths
Scarlet Fever	4 3 105 72 10 8 1	3 1 4 —	195 78 1002 294 40 —	2 2 3 2 5 —
Cerebro-Spinal Fever	i	_	1	_

Home Nursing and Hospital Arrangements.—The arrangements with the St. Helens and District Nursing Association for the home nursing of cases of whooping cough, measles, ophthalmia neonatorum and pneumonia in young children and of puerperal pyrexia cases remained as in previous years. During 1938 the following cases were attended by district nurses under these arrangements:—

Measles and contacts	28
Ophthalmia Neonatorum	8
Sticky eye	4
Pemphigus and contacts	12
Maternity	9
Puerperal Pyrexia and contacts	8
	69

Beds are also available at the Isolation Hospital for cases requiring hospital treatment and during the year 2 cases of ophthalmia neonatorum, 28 cases of puerperal pyrexia, 10 cases of measles and 4 cases of whooping cough were admitted to the Isolation Hospital.

INSPECTION AND SUPERVISION OF MIDWIVES.—

During the year 31 midwives, all holding the Certificate of the Central Midwives' Board, notified their intention to practise within the borough.

In addition to the above, 10 midwives are employed at the Council's Maternity and Child Welfare Hospital, and 5 midwives are employed in the maternity block of the St. Helens Hospital, and the matrons of both these institutions are qualified midwives. Notifications were also received in respect of all these.

Inspections of private midwives were carried out on 40 occasions by Medical Officers, and the Inspector of Midwives paid 47 routine visits and 13 special visits for purposes of inspection and supervision. Inspections of municipal midwives were also carried out on 21 occasions by Medical Officers and the Supervisor of Midwives paid 637 visits to various municipal midwives for purposes of inspection and supervision.

During the year the private and municipal midwives attended 1,089 cases as midwives and were in attendance on 297 cases as maternity nurses.

In their capacity as midwives they found it necessary to call medical practitioners to their assistance on 403 occasions. The reasons for sending and the number of occasions in which medical assistance was required were as follows:—

Number of cases attended by midwives 1,089	
Number and percentage in which medical assistance was obtained	(37.0%)
Reasons for medical assistance :	
 (a) For abortions and premature labours (b) For ante-natal illnesses (c) For difficult labour (d) For suturing the perineum, expelling the placenta, excessive haemorrhage, 	(5.3%) (2.5%) (9.8%)
etc	(11.9%)
(e) For post-natal illnesses 35 (f) For the child 46	(3.2%) (4.3%)

During the financial year 1938-39, £490/5/0d. was paid to medical practitioners for these services, and £129/14/9d. was recharged to the patients.

MUNICIPAL MIDWIFERY SERVICE.—The following table gives a summary of the work done by the staff of the Municipal Midwifery Service during 1938:—

Number of cases attended—	
as midwife	
as maternity nurse 102	
	864
Number of Live Births (including 10 cases of twins and 1 live birth twin delivery)	819
Number of Still Births (including 1 still birth twin delivery)	33
Number of abortions	23
Number of cases in which midwife sent for medical assistance	287
Supervisor's visits to midwives' homes and inspection of records and equipment	637

The present staff consists of 14 midwives and 1 Supervisor. These 14 midwives are divided into 5 groups or districts, and patients are free to book any midwife in their own district. The midwives have been supplied with telephones, and the patients are notified, when booking, of the other midwives resident in their area so that there may be as little delay as possible in obtaining the required services. The grouping of midwives also permits of interchange of duties in case of an emergency. The Supervisor is responsible for the general supervision of the midwives' work and for the administration of the scheme.

The fees charged for this service are the same as those charged by private midwives, namely, for service as a midwife, 35/- for a primipara and 30/- for a multipara, and for service as a maternity nurse, 30/- and 25/- respectively. The remission of the whole or part of these fees is allowed in necessitous cases, in accordance with a scale of income adopted by the Council.

HEALTH VISITING.—The following statement shows the visits paid by health visitors during the year.

To expectant mothers:—		
(a) First visits		888
(b) Subsequent visits	•••••	1,753
To infants under one year:—		
(a) First visits	*****	1,978
(b) Subsequent visits	••••	8,453
To children, aged one to five years	*****	18,578
Total Visits	*****	31,650
	_	

MATERNITY AND NURSING HOMES.—There are three private maternity homes registered in St. Helens. These have been periodically inspected and found to be satisfactory. During the year 142 maternity cases were delivered in these homes.

Exemption from the provisions regarding registration was granted to the St. Helens Hospital and the Providence Free Hospital. In the maternity block of the St. Helens Hospital, 375 cases were delivered.

CHILD WELFARE CLINICS.—Child welfare clinics for children under 5 years of age are conducted at 11 sessions weekly at six centres. The attendances at the various maternity and child welfare clinics during 1938 are shown in Table 24.

An important advance in the Maternity and Child Welfare Service of St. Helens was made during 1938 by the opening of a new Maternity and Child Welfare Centre in Albion Street. This new centre replaced an older building in the same area and serves the same districts.

This one-storey building is surrounded by a garden and consists of a large sunny waiting hall, around two sides of which are ranged a milk depot, office, weighing room, nurses' advisory room, doctor's consulting room, orthopaedic room, dressing cubicles and the usual sanitary offices. There is also a pram shed adjacent to the main entrance. The building is very modern in its lighting, heating, ventilation, decoration and equipment.

The mothers and children attending the Centre are deeply appreciative of this more cheerful atmosphere.

The Centre is used for 2 Child Welfare Clinics per week, 1 Toddlers' Clinic per week, 1 Orthopaedic Clinic per week, daily orthopaedic treatment, and Test Feeding Clinics. The Centre is also open daily for treatment of Minor Ailments in school children.

It is hoped in the near future to start an Ante-Natal Clinic at this Centre to relieve congestion at the Town Hall Clinics.

TABLE 24.

Attendances at Maternity and Child Welfare Clinics.

	1937	1938
Child Welfare Clinics. No. of children who attended for the first time during the year and who, on the date of their first attendance, were:— (i) under 1 year of age	1434 1396	1409 1212
Percentage of notified births represented by the number of children who on the date of their first attendance were under 1 year of age	67.29	67.13
Number who attended and at the end of the year were— (i) under 1 year of age (ii) between the ages of 1 and 5 years	1333 2638	1238 2 7 02
No. of attendances by children— (i) under 1 year of age	13015 4907	14511 3911
Test-feeding Clinic. No. of nursing mothers who attended	33	49
No. of attendances	37	57
Ante-natal Clinics. No. of expectant mothers who attended	1322	1389
No. of attendances by expectant mothers	6307	6154
Percentage of total notified births (live and still) represented by the number of expectant mothers who attended either the Maternity and Child Welfare Centres or the Ante-natal Clinics	58.97	62.94
Gynaecological and Post-natal Clinic. No. of Mothers who attended	330	359
No. of attendances	716	714
Sunlight Clinic. No. of Children who attended No. of attendances	152 2355	178 2985
Toddlers' Clinics. No. of Toddlers who attended No. of attendances	811	581 1936

TEST-FEEDING CLINIC.—During 1938, 49 mothers attended this clinic. In 40 breast-feeding was continued, 5 were given instructions regarding supplementary feeds, and 4 were advised to wean.

ANTE-NATAL CLINICS.—Special ante-natal clinics are held six times weekly at five centres. In 62.94% of the total notified (live and still) births during 1938, the mothers attended one or other of these ante-natal clinics. There is a steady increase in the number of mothers attending these clinics.

Among the 1,389 mothers attending, 392 (28.2%) required treatment for various abnormalities or disabilities. Though many of these defects, e.g., dental caries, pyorrhoea, haemorrhoids, constipation, etc., are of a minor character, their detection and cure are important to the mothers concerned, as they may have a considerable effect on their health during pregnancy and may even be a source of danger as a predisposing cause of sepsis after confinement. Among the more serious abnormalities and defects 36 cases of contracted pelvis, 32 cases of albuminuria, and 9 malpresentations were discovered and received appropriate treatment.

GYNAECOLOGICAL AND POST-NATAL CLINIC.—

This Clinic serves a threefold purpose: (a) a centre where post-natal cases may go for examination and advice; (b) a clinic where women suffering from any disease or disability associated with childbirth may obtain advice and treatment; and (c) a centre where birth control advice may be given when further pregnancies would be detrimental to the mother's health.

During 1938 a total of 359 patients attended at this clinic and of these 233 were mothers attending for post-natal examination and advice and 126 were women attending for various gynaecological or other reasons.

Of the 233 mothers who attended for post-natal examination 190 showed that they had regained their normal health after their

confinement, but the remaining required treatment for the following conditions:—

Anaemia	15
Debility	6
Prolapse	7
Varicose Eczema	1
Neuralgia	1
Dental caries	3
Mastitis	3
Subinvolution	1
Miscarriage	1
Retroversion	3
Tuberculosis	1
Quinsey	1
24111609	
	43

Among the 126 patients who were not Post-natal, treatment for uterine displacements was the most common requirement. In several instances, conditions like Quinsey, Rheumatism, Menopausal symptoms and Anaemia were found and these patients were referred to their own doctors for treatment. Where necessary, patients are referred to Venereal Diseases and Ante-Natal Clinics. 14 patients were given advice on Birth Control methods for the following reasons:—

Renal disease	5
Cardiac disease	5
Tuberculosis	3
Pernicious Anaemia	1
	14

SUNLIGHT CLINIC.—Two sessions are held weekly at the Artificial Sunlight Clinic, and during 1938, 178 children made 2,985 attendances. During the year the regularity of attendances was very good, thus adding considerably to the benefit derived. As in

previous years the most marked success was seen in cases of debility, anaemia, marasmus and rickets.

HOSPITAL ACCOMMODATION.—At the Council's Maternity and Child Welfare Hospital, Cowley Hill, there are 20 beds for maternity cases and 32 cots for children.

During 1938 admissions to the maternity wards numbered 530, and as there were 22 patients remaining in hospital from the previous year, the total number of maternity patients dealt with during 1938 was 552. The average duration of stay of all patients in hospital was 13.9 days.

63 patients were admitted for ante-natal treatment for the following causes:—

Rest	9	Bronchitis	1
Cystitis	1	Tuberculosis	3
Chorea	1	Cardiac disease	4
Ante Partum Haemorrhage	3	Threatened abortion	1
Albuminuria	24	Hyperenesis	1
Anaemia	3		
Version	1		63
Induction	11		

The number of deliveries during the year was 462 and the following abnormalities occurred:—

Caesarean Section	17	Episiotomy	3
Breech	19	Shoulder presentation	2
Phthisis	4	Placenta adherent	7
Placenta Praevia	7	Twins	4
Albuminuria	14	Post Partum Haemorrhage	1
Cardiac disease	5	Hydrocephalic	1
Eclampsia	5	Appendicitis	1
Induction	11	Puerperal Mania	1
Anencephalic	1	Gonorrhoea	1
Ante Partum Haemorrhage	7	_	
Prolapsed cord	4		119
Y 7	4		

Forceps

3 maternal deaths occurred at the hospital during the year due to the following causes:—

Pulmonary Embolism following Placenta Praevia; Accidental Haemorrhage due to Chronic Nephritis; Post-partum Haemorrhage following Adherent Placenta.

There were 28 still-births, and 14 infants died within 10 days of birth, the causes of death in the latter being:—

Prematurity due to Albuminuria of mother	5
Multiparity	2
Intra-Cranial Haemorrhage	6
Haemorrhagic Disease of the newborn	1
	14

114 children were admitted to the children's wards, and as 30 children remained in hospital from the previous year, the total number of children treated during 1938 was 144.

The following shows	the	reasons for admission:—	
Spina Bifida	1	Enteritis	3
Convulsions	1	Abscess of chest	1
Marasmus	25	Cleft palate	1
Debility	14	Breast Abscess	2
Spastic Diplegia	1	Abscess of Thigh	1
Rickets	14	Congenital Heart Disease	1
Phlyctenular Conjunc-		For care while mother in	
tivitis	2	Maternity Ward	45
Septic Arthritis	1	_	
Abscess of arm	1		114

CONSULTANT SERVICES.—The services of a Consultant Obstetrician and Gynaecologist are available for any case in which special difficulty is experienced. He acts as Consultant Surgeon to the Council's Maternity Hospital and to all the clinics, and, under the Council's arrangements for the treatment of puerperal pyrexia, his services are available to medical practitioners requiring specialist opinion in such cases.

The services of the Council's other consultant officers, e.g., the Ophthalmic Surgeon, the Throat and Nose Surgeon, and the Orthopaedic Surgeon, are also available and employed when required for any cases under the Maternity and Child Welfare Scheme.

MILK FOR MOTHERS AND INFANTS.—At all the clinics and centres full cream dried milk and chocolate milk are on sale at cost price, or are available at less than cost price for necessitous cases. In exceptional cases orders on local tradesmen are given for the supply of meat and/or eggs. Cases in receipt of relief from the Public Assistance Committee or the Unemployment Assistance Board are, when so requiring it, recommended to these authorities for the supply of extra nourishment.

During the year approximately 431 cwts. of milk or chocolatemilk were disposed of and, of this, 752 lbs. were issued free and 44,543 lbs. at less than cost price.

Cod Liver Oil Emulsion, Malt and Oil, and Virol are also provided at the centres at cost price or free in suitable cases.

STERILE MATERNITY OUTFITS.—During 1938 the number of outfits purchased by or on behalf of expectant mothers was 1,033. This figure is a considerable increase on the number—376—purchased during the preceding year, and shows a gratifying response to the propaganda for their use carried out at the various Ante-Natal and Child Welfare Clinics and by the Municipal Midwives. These outfits are sterile and form a valuable adjunct in avoiding any possible source of infection at the time of confinement. It is hoped that their sale will continue to increase so that in time every mother will avail herself of this service.

MATERNITY BAGS.—Maternity bags, containing sheets, nightgowns, baby clothing &c., are also available on loan in cases of necessity or where the mother has not been able to make any preparations for her confinement. Bags were loaned to 6 cases during the year.

MINOR AILMENTS AND DENTAL DEFECTS.—During the year, 17 children received treatment for minor ailments, and 242 mothers and 161 children received dental treatment at the School Clinic. Mothers in need of dentures are supplied with these at cost price. Arrangements have also been made for the supply of spectacles to toddlers in necessitous cases when these are required for the treatment of squint.

CRIPPLED CHILDREN.—A complete record of the work of the Orthopaedic Clinic is given in Table 25 in the Orthopaedic section of the Report.

From that Table it will be seen that under the Maternity and Child Welfare Service 178 crippled children under 5 years of age were dealt with. This involved 287 attendances to see the Orthopaedic Surgeon, 721 attendances for intermediate treatment, and 73 home visits by the nurse for purposes of supervision. Two cases were admitted to the Royal Liverpool Children's Hospital for operative treatment, and 5 cases of rickets, 1 case of Septic Arthritis, and 1 case of Spastic Diplegia were admitted to the Maternity and Child Welfare Hospital for supervisory treatment.

CHILD LIFE PROTECTION.—Particulars are given in the following statement of the cases dealt with during the year.

Number of persons on the Register who were	
receiving children for reward at 31/12/1938	8
Number of children—	
(a) On the Register at 1/1/1938	9
(b) Admitted to the Register during the year	5
(c) Removed from the Register during the	
year—	
(i) Left the Borough 2	
(ii) Legally adopted 1	
(iii) Returned to relatives 1	
(iv) Over age	
	6
(d) Who died during the year	
(e) On the Register at 31/12/1938	8

The children were inspected regularly throughout the year by the health visitors, who are also child protection visitors, and all were found to be well cared for and living under satisfactory conditions.

IX. ORTHOPAEDICS.

A summary of the work of the Orthopaedic Department during 1938 is given in Table 25, and Table 26 shows the cases treated during the year, classified according to their defects.

As in the previous year there was a further increase in the number of new cases of postural defects and acquired foot deformities (mainly round shoulders and flat feet) referred for treatment. It is considered, however, that this increase is mainly due to the increased attention that has been paid to these defects in recent years. Special sessions are arranged at the clinics for medical gymnastics and remedial exercises for these children.

There was also, in 1938, an increase in the number of cases of rickets referred for treatment, the figures for 1938 being the highest since 1934. It is difficult to say on one year's figures whether this foreshadows an increasing incidence of this disease or not, but the position will require careful watching. In regard to other defects treated, there is nothing special to note.

In addition to the central clinic at Albion Street, the Orthopaedic Nurse attends weekly at four clinics in the outlying districts at Gartons Lane, Elizabeth Street, West Street, and Parr. The nurse also attends the Eccleston Hall Sanatorium and the Hamblett Open-Air Council School every week.

In-patient treatment for younger children is provided at the Royal Liverpool Children's Hospital and its branches at Heswall and Thingwall, and for very young children at the Maternity and Child Welfare Hospital at Cowley Hill. Older children are treated at the Royal Southern Hospital, Liverpool. Cases suffering from tuberculosis of bones and joints in the acute stage are treated at the

Leasowe Open-Air Hospital for Children and convalescent and ambulant cases at Eccleston Hall Sanatorium. At all these hospitals patients from St. Helens come under the immediate control of the Council's Orthopaedic Surgeon, Mr. Bryan McFarland.

Table 25.

Record of work under Orthopaedic Scheme during the year 1938.

	Tuberculous Cases	Maternity and Child Welfare Cases	Non- tubercular School Children
Number of cases on the Register, 1st January, 1938	28	90	425
Number of new cases seen during 1938	6	88	189
Number of old cases seen during 1938	28	90	425
Number who attended for consultation only		3	2
Number discharged cured or improved		26	135
Number discharged showing no material improvement	_		1
Number ceased to attend, over age, etc	7	20	91
Cases transferred to Education Account	4	20	**************************************
Cases transferred to Tuberculosis Account			2
Number of cases remaining under treatment at end of 1938	23	109	383
Attendances to see Orthopaedic Surgeon	38	287	826
Attendances for intermediate treatment	127	721	5284
Visits to Homes by Orthopaedic Nurse	244	73	109
Cases treated in Royal Liverpool Children's Hospital: Myrtle Street	1	2	16 10
Cases treated in Leasowe Open-Air Hospital for Children	10	_	
Cases treated in Royal Southern Hospital	-		3
Cases treated in Maternity and Child Welfare Hospital		7	_
Cases treated in Eccleston Hall Sanatorium	7	_	
Total number of days of Institutional Treatment	4113	895	1885

Table 26.

Defects treated under Orthopaedic Scheme during 1938.

Defect	Tuberculous Cases	Maternity and Child Welfare Cases	Non- tubercular School Children
Infantile Paralysis		4	56
Other forms of Paralysis		14	47
Rickets		47	44
Congenital deformities		18	52
Acquired foot deformities		70	152
Traumatism		1	7
Arthritis		2	7
Postural defects	-	10	198
Miscellaneous		12	11
Tuberculosis:			
(a) Spine	. 15		
(b) Hip	. 6		
(c) Knee	. 10	-	
(d) Ankle	. 2	-	
(e) Others	. 1	-	-
Total	. 34	!78	574

X.—WELFARE OF THE BLIND.

There were 214 Blind Persons on the Blind Register for St. Helens on the 1st January, 1938, and this number increased by 8 to 222 during the year. The following is an analysis of the cases on the register at the 31st December, 1938.

Age distribution:—

Age	0—4	years				
	5—15	,,			•••••	11
	16-20	,,	*****	•••••	*****	7
	21—49	,,			*****	58
	50—69	,,		*****	*****	74
	70—	,,	*****	•••••		72
			Total	******	•••••	222

Educational and occupational distribution:-

Intant	••••			*****	 *****	*****	
Education	At sch	nool			 *****		7
	Not a	t schoo	ol	•••••	 •••••	*****	4

Employment—Employed (Workshops or Home Workers

Scheme)	*****		*****	*****	33
Employed (Working on own	accour	nt)			5
Under training	•••••			*****	1
Not training but trainable	*****				
Unemployable	•••••		••••	*****	170
Trained, but unemployed					2

All provision for the care and welfare of the local blind—with the exception of that of blind children under two years of age, and the education of children of school age and vocational training—is undertaken on behalf of the Corporation by the St. Helens and District Society for the Welfare of the Blind.

The treatment of persons suffering from disease of, or injury to, the eye, and the provision of suitable glasses as a preventative of blindness is undertaken by the Council under Section 176 of the Public Health Act, 1936.

XI.—POOR LAW MEDICAL RELIEF.

The arrangements for institutional treatment remain as before; the Council retaining their agreement with the Lancashire County Council for the treatment of cases at the County Hospital, Whiston. Table 27 shows the number of persons in receipt of institutional relief on medical grounds on the 1st January, 1939, and also the number of rate-aided persons in mental hospitals.

Table 27.

Estal	olishments in which persons were relieved.	Men	Women	Children between 3 and 16 years of age	Infants under 3 years of age	Total
Count (or Law Establishments:— y Hospital, Whiston: n) Sick wards Persons suffering from mental infirmity and certified under the Lunacy Acts or the Mental De-	35	26	3	3	67
	ficiency Acts	48	51			99
the Po (a)	ablishments not administered under or Law Acts:— Establishments for persons suffering from mental infirmity, excluding persons maintained under the Lunacy and Mental Treatment Acts, 1890 to 1930, in Mental Hospitals:— Royal Albert Institution	1			1	1
` '	Maghull Home for Epileptics	2	4			6
	St. Luke's Hospital, Manchester David Lewis Epileptic Colony,					I
(C). In Ma	Manchester Chalfont Epileptic Colony, Bucks.	1	1			2
` /	nacy and Mental Treatment Acts:— Rate-aided persons	135	137			272
	Totals	223	220	3	4	450

For outdoor medical relief the town is divided into five medical relief districts for each of which there is a part-time District Medical Officer. During the 12 months ending 31st March, 1939, 3,372 medical orders were issued and there was an average of 291 persons on the permanent medical relief list. During the same period

15,831 prescriptions were completed by the chemists in connection with the treatment of these cases.

Dental cases are treated at the Council's Dental Clinic, the work being carried out at a special evening session held weekly. 325 cases were treated during the year at that Clinic. To 46 of these dentures were also supplied, and in 14 cases dentures were repaired.

Cases with eye diseases or defects are treated by the Ophthal-mic Surgeon at either the St. Helens Hospital or the Providence Hospital.

XII.—LIST OF ADOPTIVE AND LOCAL ACTS, BYELAWS, AND LOCAL REGULATIONS AND ORDERS relating to the public health, in force in the district.

ADOPTIVE ACTS.

The Infectious Disease (Notification) Act, 1889, applied to:

- (1) Ophthalmia Neonatorum, by Order of the Local Government Board, which came into force on the 7th April, 1910.
- (2) Acute Poliomyelitis and Cerebro-Spinal Fever, by Order of the Local Government Board, which came into force on the 19th February, 1912.
- The Infectious Disease (Prevention) Act, 1890. Adopted 7th January, 1891.
- The Public Health Acts Amendment Act, 1890. Parts II and III adopted 1st April, 1891. Part IV adopted 1st July, 1923. Part V adopted 24th October, 1894.
- Public Health Acts Amendment Act, 1907, Sections 78, 79, 80, 81, 85, 88, 89 and 90, put in force 1st January, 1909. Sections 19, 29, 32, 33, 53, 54 and 95, put in force 23rd August, 1909.
- The Public Health Act, 1925, Part II, Sections 13, 14, 15, 16, 23, 25, 26, 27, 28, 30, 31, 32 and 35; adopted 7th December, 1927, put in force on 1st February, 1928.

LOCAL ACTS with Sanitary Clauses.

The St. Helens Improvement Act, 1869.

The St. Helens Corporation Act, 1893.

The St. Helens Corporation Act, 1898.

The St. Helens Corporation Act, 1911.

The St. Helens Corporation Act, 1921.

The St. Helens Corporation Act, 1933.

ADAPTATION OF LOCAL ACTS.

- The Borough of St. Helens (Adaptation of Local Acts) Order, 1930, made by the Minister of Health, for bringing certain provisions of the local Acts into conformity with the provisions of the Public Health Act, 1925.
- The Ministry of Health Provisional Orders Confirmation (No. 1) Act, 1928, repealing and altering certain sections of the St. Helens Improvement Act, 1869, and the St. Helens Corporation Acts, 1893, 1898, 1911 and 1921, with reference to New Streets and Buildings.
- The Ministry of Health Provisional Order Confirmation (St. Helens) Act, 1936; confirming the St. Helens Order, 1931, as to Tuberculosis.

BYELAWS.

- Byelaws with respect to Nuisances made by the Council on the 1st October, 1930.
- Byelaws as to Slaughterhouses, made by the Council on the 5th February, 1930.
- Byelaws with respect to New Streets and Buildings in the Borough of St. Helens, made by the Council on the 5th October, 1927.
- Byelaws with respect to the Drainage of Existing Buildings in the Borough of St. Helens, made by the Council on 7th December, 1927.
- Byelaws with respect to Tents, Vans, Sheds and similar Structures used for human habitation, made by the Council on the 28th July, 1926.
- Byelaws with respect to Houses let in Lodgings, made by the Council on the 5th June, 1935.

- Byelaws with respect to Common Lodging Houses, made by the Council on the 6th May, 1936.
- Byelaws with respect to Cisterns, Waterclosets and Urinals, made by the Council on the 1st February, 1922.

Byelaws as to Spitting, made on the 2nd August, 1911.

REGULATIONS.

- Regulations as to Public Abattoir and Cold Air Stores, made by the Council on the 2nd May, 1906.
- The Borough of St. Helens (Notification of Measles, German Measles and Whooping Cough) Regulations, 1915, made by the Minister of Health on the 22nd June, 1915.

ORDERS-SHOP ACTS.

- General Weekly Half-Holiday Order, made on the 7th August, 1912.
- Weekly Half-Holiday Extension Order (Butchers and Chemists) made on the 4th December, 1912.
- Closing Order (Motor, Cycle and Aircraft dealers) confirmed by the Home Secretary on the 30th January, 1913.
- Closing Order (Tailors, etc. Shops) confirmed by the Home Secretary on the 10th December, 1915.

XIII.—INSPECTION AND SUPERVISION OF FOOD.

MEAT AND OTHER FOODS.—There is a municipal abattoir with cold stores attached.

The inspection and supervision of all meat in the abattoir is carried out by the Abattoir Superintendent, who is a qualified Meat Inspector. All animals are subjected to ante and post-mortem inspection.

The butchers using the abattoir employ their own slaughtermen, and these are licensed yearly under the Slaughter of Animals Act, 1933. During the year licences were renewed to 28 slaughtermen, and two additional licences were granted.

In addition to the Public Abattoir there is one private slaughter-house in the borough. This is licensed for the slaughter of pigs only, and the licence comes up for review yearly. Licences under the Slaughter of Animals Act, 1933, were renewed to the four slaughter-men employed. During the year 294 visits for inspection purposes were made to this slaughterhouse, and no infringements of the Byelaws with respect to Slaughterhouses or of the Public Health (Meat) Regulations, 1924, were found.

Under Section 135 of the St. Helens Corporation Act, 1933, it is necessary for any person (other than a shop-keeper) who sells meat or meat food products from a vehicle, basket or barrow, to hold a certificate from the Corporation approving the accommodation used by him for storage purposes. One certificate of approval was granted during the year, and this is the only certificate at present in force.

Table 28 shows the number of animals killed and inspected, and the number of carcases, or parts of carcases or organs, condemned at the abattoir and the private slaughterhouse during 1938.

The inspection and supervision of other foodstuffs in the borough, and of the premises in which they are prepared or sold, is undertaken by a specialist Food Inspector.

At the end of the year 137 premises were registered under Section 127 of the St. Helens Corporation Act, 1933, for the preparation or manufacture of potted, pressed, pickled, or preserved meat, fish or other food intended for the purpose of sale. Of these 111 were fried fish shops and 26 were used for the preparation or manufacture of cooked meats.

During 1938, 2,615 visits were made by Inspectors to shops, stalls and other places where food is prepared or stored, as compared with 3,098 visits during 1937. The following is a brief summary of the work covered by these visits. Further details are given in the appropriate sections of the Report.

Table 28.

CARCASES INSPECTED AND CONDEMNED.

	-	Pub	Public Abattoir.	oir.			Private	Private Slaughterhouse.	rhouse.	
	Cattle, excluding cows	Cows	Calves	Sheep and lambs	Pigs	Cattle, excluding cows	Cows	Calves	Sheep and lambs	Pigs
Number killed	577	3279 3279	116	1022	5742 5742		1 1	1 1		1918
All Diseases except Tuberculosis: Whole carcases condemned	1	∞	2	1	91	1	1	1	1	4
Carcases of which some part or organ was condemned was a second with the second with the second was a s	52	870	2	19	807	1	1		İ	109
Percentage of the number inspected affected with disease other than tuberculosis	9.01%	26.7%	3.4%	1.85%	14.3%	1	Î	1	1	5.88%
Whole carcases condemned		90	2	1	∞	1	1	1	1	
vas condemned was condemned	80	1575		1	969	1	1	1	1	80
Percentage of the number inspected affected with tuberculosis	13.8%	49.5%	2.5%	1	12.2%	1	1	1	1	4.22%

Premises	Visits	No. of offences against Acts, Orders, &c.	No. of nuisances or defects found	No. of nuisances or defects remedied after service of notice
Private Slaughterhouses Fried Fish shops Eishmongers and Greengrocers Butchers shops Ice Cream Premises Bakehouses Tripe Boilers, etc Food Preparing and Storing Places	294 293 877 496 301 137 37 180	- 43 24 - 9 4 10	- 1 - 2 5 18 4 3	1 2 5 18 4 3

The following are the total quantities of various classes of foodstuffs which were condemned at the abattoir or in shops, etc., during the year, owing to being diseased or unsound:—

Meat	120,337 lbs.
Fish	350 lbs.
Poultry, Game and Rabbits	214 lbs.

Public Health (Meat) Regulations, 1924.—Nine infringements of the Public Health (Meat) Regulations, 1924, were found during the year. The offences consisted of:—

No. of

	offences
(1) Walls and/or ceilings requiring cleansing	
and whitewashing	6
(2) Unsuitable receptacle for the storage of	
trimmings and refuse	2
(3) Untrapped inlet to drain within room	1

In each instance the unsatisfactory condition was remedied after service of notice.

Agricultural Produce (Grading and Marking) Act, 1928.

—There are no premises in the Borough registered for the cold or chemical storage of eggs.

Two infringements of the Agricultural Produce (Grading and Marking) (Eggs) Regulations, 1930, were found during the

year. The infringements consisted of not marking in the prescribed manner British eggs which had been kept in cold storage. In both instances the offenders were warned by the Health Committee.

Merchandise Marks Act, 1926.—The Orders in relation to foodstuffs, which have been made under this Act, require that any classes of foodstuffs to which they relate shall on importation, or on exposure for sale, be clearly marked with an indication of origin.

1,373 visits were made during the year for the purpose of ensuring that the requirements of these Orders were being complied with. On 56 occasions warnings were given regarding minor infringements, and in two instances the offenders were warned by the Health Committee.

MILK AND MILK PRODUCTS.

Milk and Dairies (Consolidation) Act, 1915.—No infringements of this Act were found during the year.

Milk and Dairies Order, 1926.—At the close of the year there were registered:—

- 8 persons as cowkeepers and wholesale and retail purveyors of milk;
- 2 persons as cowkeepers and wholesale purveyors of milk;
- 9 persons as cowkeepers and retail purveyors of milk;
- 352 persons as purveyors of milk; and
 - 77 premises as cowsheds or dairies.

A total of 650 visits were paid by the Sanitary Inspectors to these premises during the year. In addition to these visits, all dairy cattle are inspected quarterly and as occasion arises by the Ministry of Agriculture's Veterinary Inspectors.

Serious infringements of the Order are now few, and in no instance was it necessary to institute legal proceedings.

TABLE 29.
Tubercle Bacilli in Milk.

n of samples examined.	
samples	
Jo 1	
ior	
product	
jo	
Areas	

_									
shewing positive of tubercle bacilli	Percentage	11.1% 13.4% 14.2%	11.2%	14.6% 6.6% 10.3% 50.0%	9.7%	8.8% 	3.8%	2.8% 13.6% 4.3% 100.0%	7.7%
S	Number	272	17	988-1	13	4 -	5	1 - 1 - 6	6
No. of samples in respect of which a definite	diagnosis was made	45 52 35 19	151	41 45 29 2 16	133	39 45 31 1	131	35 44 23 1	116
sles gui	diagnosis to be made	1 ~	5		3		4		
No. of routine samples	examined	45 36 20	156	50 33 19 19	167	32 34 40 15 2	135	35 23 13 13	116
Year		1935		1936		1937		1938	
Area		St. Helens. Lancashire C.C. Cheshire C.C. * Pasteurised	Total	St. Helens	Total	St. Helens. Lancashire C.C. Cheshire C.C. Liverpool * Pasteurised	Total	St. Helens. Lancashire C.C. Cheshire C.C. Liverpool * Pasteurised	Total

Milk (Special Designations) Order, 1336.—The following licences were granted under the Milk (Special Designations) Order, 1936, during the year:—

Licence authorising the use of the special designa- tion 'Tuberculin Tested' in respect of the establishment at which the milk is produced	
and bottled1	*
Licences authorising the use of the special designa- tion "Accredited" in respect of the estab- lishment at which the milk is produced and	
bottled 7	
Licences authorising the use of the special designa- tion "Pasteurised" in respect of the estab- lishment in which the process of pasteurising is carried on, and in respect of any shop or other establishment from which the milk is	
sold 2	
Licences authorising the use of the special designa- tion "Tuberculin Tested" from an establish- ment (not being the establishment at which	
the milk is produced and bottled)	
* This herd has also now been placed on the Ministr	y of

Agriculture's Register of Attested Herds.

No fees are charged by the Council in respect of licences granted under this Order.

Biological Examination of Milk.—In the routine examination of milk supplies, 116 samples were sent during the year for examination for the presence of tubercle bacilli by guinea-pig inoculation tests.

Positive evidence of tubercle bacilli was found in 9, or 7.7% of the samples taken. This is considerably higher than the corresponding percentage for the previous year (3.8%).

Table 29 shows the percentage of infected samples and the area of production of the samples examined during the past four years. Bacteriological Examination of Milk.—In addition to the samples of milk taken for examination for tubercle bacilli, 244 samples were also taken for examination for bacterial count, coliform bacillus and for the methylene blue reduction test. The results of the examinations are shown in Table 30.

TABLE 30.

Bacteriological Examination of Graded and Ungraded Milks.

m.l.	Over in 1/100th m.l.		-	3 7	5 11	5 14	2
acteria per 1	100 000 to 200,000		1	2	2	5	1
Number of bacteria per m.l.	30,000 to 100,000		2	9	13	7	4
	Under 30,000	a de l'acceptant de l	=	29	72	38	32
[: :-	railed to satisfy Methylene Blue Test]	3	4	_	
	Satisfied Methylene Blue Test		4	40	16	54	1
	Grade		Tuberculin Tested	Accredited	Ungraded Milk from Accredited Producers	Ungraded Milk from Ordinary Producers	Pasteurised
	No. of Samples		4	43	95	55	37

From that table it will be seen that all the 14 samples of tuberculin tested milk satisfied the methylene blue reduction test as required by the Milk (Special Designations) Order, 1936, and 13 showed bacterial counts and bacillus coli content much lower than that allowed previous to the adoption of the methylene blue test. Of the 43 accredited milk samples 3 (6.9%) failed to satisfy the methylene blue test, 3 (6.9%) showed bacterial counts over 200,000 and in 7 (16.2%) samples bacillus coli was found in 1/100th millilitre or less.

Of the 95 samples from graded producers, 4 (4.2%) failed to satisfy the methylene blue test, 5 (5.2%) contained bacteria in excess of 200,000 per millilitre, and 11 (11.5%) contained bacillus coli in 1/100th millilitre; whilst in the 55 samples from ordinary producers, 1 (1.8%) failed to satisfy the methylene blue test, 5 (9.0%) contained bacteria in excess of 200,000 per millilitre, and 14 (25.4%) contained bacillus coli in 1/100th millilitre.

Of the 37 samples of pasteurised milk, 1 (2.7%) contained bacteria in excess of 100,000 per millilitre and, therefore, failed to comply with the standard set for such samples. 2 (5.4%) of the samples also contained bacillus coli in 1/100th millilitre or less but, unfortunately, the bacillus coli content is not taken into account in the standard set for pasteurised milk.

Examination of Milk for the Presence of Phosphatase.—
Four samples of milk were taken during the year for examination for the presence of phosphatase.

Two of these samples were reported by the Analyst to have been properly pasteurised, one sample was reported to have been improperly pasteurised, and the remaining sample to have been grossly underheated or raw.

The two samples adversely reported upon were taken from the same milk dealer. An investigation of the conditions under which the milk was pasteurised was carried out. The result of this investi-

gation showed that both the indicating and recording thermometers of the pasteurising plant were incorrect.

Examination of Milk for Dirt.—132 samples of milk were taken by the Department in connection with the Better Milk Competition, and examined by the sediment tester. The discs are mounted and framed and form a permanent record of the progress made each year in clean milk production, and comparison of these discs over a period of years shows the enormous improvement that has taken place.

Better Milk Competition.—The seventh St. Helens Better Milk Competition commenced on September 1st, 1937, and extended over a period of twelve months until August 31st, 1938.

As in previous years the competition was open to accredited milk producers and producers of non-graded milk. Similar producers in the Lancashire County area retailing milk in St. Helens were also invited to compete.

With minor modifications, the rules governing the competition were the same as in the previous year, and entries were received from 11 Borough competitors and 11 competitors from the County.

As stated previously, these competitions are not now regarded as educational, but their continuance is justified in that they maintain the competitive spirit.

Milk-in-Schools Scheme.—Very strict supervision of milk supplied to schools under the Milk-in-Schools Scheme is still being maintained.

The milk now supplied is either raw milk for which the producers hold graded licences, or milk for which pasteurisers' licences have been granted. During the year 79 school departments and 12 meals centres were supplied with milk by 7 suppliers with 8 separate sources of supply.

If, upon examination, a sample of milk is found to contain evidence of tubercular infection, approval of the supply is immediately withdrawn and arrangements are made by the Department for an alternative supply to be provided. Approval is also withdrawn where two or three consecutive samples show excessive bacterial counts or coli content.

Ice Cream Premises.—Under the St. Helens Corporation Act, 1933, manufacturers and vendors of ice cream, and the premises used by them, must be registered by the Local Authority, who have power either to refuse or cancel registration.

The following are the particulars of registration at the end of the year:—

Manufacturers and Vendors	•••••	•••••	35
Vendors only			102
Premises for manufacture and sale	•••••	*****	35
Premises for sale only	*****		105

A total of 301 visits of inspection were made during the year.

Much of the ice cream sold in St. Helens is distributed in cartons and prepacked wrappers, which are stored in refrigerators pending sale, and in many instances where the ice cream is retailed

from bulk it is sold direct from the electric refrigerator in which it is made. In one instance the 'mix' is pasteurised before freezing.

7 samples of ice cream were taken during the year for bacteriological examination with the following results:—

		Presence or absence of	Does sample
Sample	Bacteria	Caliform Bacillus in	satisfy Methylene
No.	per c.c.	1/100th c.c.	Blue Test.
833	19,200	Absent	Yes
834	11,200	Absent	Yes
835	3,200	Absent	Yes
836	20,000	Absent	Yes
843	3,360,000	Present	No
844	2,400,000	Present	No
845	480,000	Present	Yes

Despite the generally high standard of premises and equipment in St. Helens, it is evident from these results that much work still remains to be done in regard to the hygienic production of ice cream.

Artificial Cream Act, 1929.—No premises are registered under this Act in St. Helens, and no infringements were found.

FOOD AND DRUGS.

Food and Drugs (Adulteration) Act, 1928.—During the year, 267 formal samples and 191 informal samples were taken for analysis.

The natures of the samples taken, with the results of examination by the Public Analyst, are shown in Table 31.

In addition to the above, 400 informal samples of milk supplied to schools under the Milk-in-Schools Scheme or in connection with the Better Milk Competition were examined by means of the Gerber Test in the Department's own laboratory.

Table 31.

Number of samples taken during 1938 under the Food and Drugs (Adulteration) Act, 1928, and the results of analysis by the Public Analyst.

ARTICLE.	Numl samples	per of staken.	Nun genu			mber erated.
ANTICLE.	Formal	Informal	Formal	Informal	Formal	Informal
Arrowroot	1		1		_	
Baking Powder	_	 			_	
Bicarbonate of Soda	2 2	5	2 2	5		
Cordials	2))		_
Cereals :— Barley	4	3	4	3		
Cornflour	1	2	i	2.	_	
Oatmeal	i	Ĩ	į	Ī		
Rice	3	2	3	2		
Self Raising Flour	_	2	<u> </u>	2	—	_
Cocoa	1	1	1	1	_	_
Coffee	2	1	2	1	_	—
Coffee and Chicory	_	1		1		—
Condiments		6	4	6		—
Confectionery, etc	_				—	
Dried Fruit, Spices, etc	<u>Z</u>	8	2	8	_	
Dripping	6	23	5	22	1	1
Drugs, etc	6	1		1		
Gelatine Jams and Jellies	4	14	4	14	_	
Lard	4 3	6	3	6	_	
Lemon Cheese	_	2	b	2	_	
Lemonade Powder	_	1		1	—	
Margarine	3	7	3	7		
Milk and Milk Products :-		_				
Butter	5	3	5	3	_	
Cheese	5	7	5	1	_	_
Condensed Milk	_	4	_	4	_	
Fresh Cream	192	41	170	33	22	8
Milk	192	3	170	3		
Mincemeat Potted and Tinned Meat		J				
and Fish		15		15	_	
Sausages	4	4	3	4	1	_
Shrimps		1	der-Married B	1	_	_
Suet	_	1	_	1	_	_
Sugar	6	_	6	_	_	
Sweets	2	3	2	3		_
Tea	2		3	11		
Tinned Fruit, etc	3	11				
Wines and Spirits, etc. :-	2	3	2	3	_	_
Beer whiskey	5	_	2 5	_	_	_
n	2	_	2		→	_
Kum						
	267	191	243	182	24	9
	20.				1	

The appended statement shows the action taken in cases of adulterated samples taken formally:—

(a) Legal proceedings instituted under the Food and Drugs (Adulteration) Act, 1928:—

Sample		Adulteration and result of
No.	Article.	proceedings.
764	Milk	∫ 31 % deficient in milk fat. Fined £2. 0s. 0d.
*M.D.A. 121	Milk	{ 12 % water added to milk which was 26 % deficient in milk fat.
*M.D.A. 121a	Milk	10% added water.

- * These samples, taken in course of delivery from producer to wholesaler, were follow-up samples consequent upon original samples shewing 10% of added water. The vendor in these follow-up samples was fined £5. with £2. 3s. 0d. costs.
- (b) No legal proceedings instituted, but in all cases the sellers were warned by the Health Committee or investigations were carried out into the causes of the deficiencies:—

Sample		
No.	Article.	Adulter ation.
667	Milk	4% deficient in milk fat.
688	Milk	2% added water.
690	Milk	4% added water.
703	Milk	15 % deficient in milk fat.
746	Milk	33 % deficient in milk fat.
760	Milk	4% deficient in milk fat.
762	Milk	3 % deficient in milk fat.
787	Milk	6% deficient in milk fat.
798	Milk	5 % deficient in milk fat.
851	Milk	7% deficient in milk fat.
853	Milk	20 % deficient in milk fat.
885	Milk	11 % deficient in milk fat.
886	Camphorated oil	11 % deficient in camphor.
1009	Milk	3% deficient in milk fat.

S	ample		
	No.	Article.	Adulteration.
N	I.D.A.		•
	112	Milk	9% deficient in milk fat.
N	I.D.A.		
	112a	Milk	3 % deficient in milk fat.
IV.	I.D.A.		
	112b	Milk	13 % deficient in milk fat.
N.	I.D.A.		
	113	Milk	4% deficient in milk fat.

The Public Health (Condensed Milk) Regulations, 1923 and 1927.—No infringements of these regulations were found during the year.

The Public Health (Dried Milk) Regulations, 1923 and 1927.—No infringements of these Regulations were found during the year.

Public Health (Preservatives in Food) Regulations.—All samples submitted to the Public Analyst under the Food and Drugs (Adulteration) Act, 1928, are also examined for the presence of preservatives.

One sample of beef sausage was found to contain 170 parts per million of sulphur dioxide. The requirements of the Regulations regarding labelling had not been complied with and the vendor was warned by the Health Committee.

Fertilisers and Feeding Stuffs Act, 1926.—11 informal samples of fertilisers and feeding stuffs were taken under the above Act during 1938, and all were found to be genuine.

No infringements of the Act in respect of labelling were found during the year.

Pharmacy and Poisons Act, 1933.—At the end of the year there were 22 persons entered in the Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List. The number of premises concerned was 47.

A total of 101 visits were paid to these premises during the year and no infringements were found.

BAKEHOUSES.—There are 88 bakehouses in St. Helens and mechanical power is employed in 29 instances.

One bakehouse in which mechanical power is not used is a basement bakehouse. A certificate under the Factory and Workshop Act, 1901, was issued by the Council in respect of this bakehouse on March 7th, 1906, stating that it was suitable for use as an underground bakehouse.

In accordance with Section 54 of the Factories Act, 1937, an examination of this bakehouse was made during 1938 with regard to its suitability for further use as such and as a result the Council decided that the certificate previously issued should cease to have effect at the expiration of a period of six months.

137 visits of inspection to the various bakehouses were made during the year and 18 sanitary defects were found and remedied.

DISEASES OF ANIMALS ACTS.—Tuberculosis Order, 1925.—Consequent upon the passing of the Agriculture Act, 1937, the transfer of the public veterinary services from local authorities to the Ministry of Agriculture and Fisheries came into operation on the 1st April, 1938.

Excepting certain duties of a non-veterinary character, the administration of the Diseases of Animals Acts and of all Orders made thereunder, including the Tuberculosis Orders, will now, therefore, be carried out by the Ministry.

These changes have necessitated a revision of the duties and conditions of appointment of the part-time Veterinary Inspector.

No notifications were received under the Tuberculosis Order, 1925, of cattle within the Borough suffering or suspected to be suffering from tuberculosis.

Anthrax.—5 cases of suspected Anthrax were reported during the year. In no instance was the disease confirmed.

Markets, Sales and Lairs Order of 1925.—There are two markets for the sale of animals in St. Helens. One of these is situate behind the Royal Raven Hotel, Church Street, and the other between 5 and 21 Parr Street. The former is now little used.

In each case the lairs used in connection with these markets are licensed with the Local Authority.

XIV.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The water supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, Kirkby, and Melling, supplemented by a supply from the Liverpool Corporation Rivington Main, and water from red sandstone above the coal measures at Collins Green. The water from the last mentioned source is subjected to chlorination and high pressure filtration before distribution.

There were no new sources of public water supply during the year.

The water is of a high degree of purity. That from the deep wells and from Collins Green is hard, the average hardness being 22.6° and 27° respectively, and the hardness of both is reduced to approximately 10.5° by softening processes before distribution. The water from the Liverpool Corporation's Rivington Main is soft and is blended with hard water before distribution, so that in its ultimate distribution it also approximates 10.5°.

During the year considerable lengths of 6" diameter water mains were laid in various parts of the town, one of the most important being that laid along the East Lancashire Road and extending from Moss Bank Road to Buttermere Avenue. Works were also put in hand during the year for dealing with those districts where shortages were experienced.

55 samples of water were submitted by the Borough Engineer during the year for bacteriological examination. Of these B. Coli

were absent in 100 c.c.'s in 48 samples; three B. Coli were present in 100 c.c.'s in each of 5 samples; and one B. Coli was present in 100 c.c.'s in each of two samples.

RIVERS AND STREAMS.—During the year the Lancashire County Council (Rivers Board and General Powers) Act, 1938, received the Royal Assent.

The Act provides that after the 1st April, 1939, there will be one Rivers Pollution Prevention Authority for the County of Lancashire and certain parts of the adjacent Counties of Cheshire and Derbyshire.

DRAINAGE AND SEWERAGE.—Though no alterations have been made during the year to the methods of sewage disposal in the Borough, still further progress has been made by the Borough Engineer's Department in the collection of data for the proposed new sewage works and for the re-sewering of those areas not at present adequately sewered.

During the year work was commenced on the construction of the new Haresfinch Intercepting Sewer. This sewer will serve the north-eastern section of the borough and when completed will remove an important source of the pollution of the town's water courses.

New sewers have also been laid on the Ramford Street and the East Lancashire Road Housing Sites, and are in course of construction on the Greenbank Housing Site. The existing sewers in Bold Street and Liverpool Street on this latter site are also being relaid.

CLOSET ACCOMMODATION.—During the year 14 pail closets and 4 privy middens were converted to the fresh water carriage system. In addition 32 houses provided with pail closets and 17 privy middens were demolished under the Housing Act, 1936. It is estimated there are still 386 houses with privy middens and 39 houses with pail closets.

There are also 58 pail closets and 1 privy midden at various schools and works. The conversion of 27 pail closets to the water

carriage system at one of the principal works premises in the Borough was commenced during the year.

PUBLIC CLEANSING.—The removal and disposal of house refuse is carried out by the Borough Engineer's Department. There are no refuse disposal works, all refuse being disposed of by controlled tipping.

The following shows the percentage amount of refuse disposed of on each tip at present in use :—

Kurtz Tip			•••••	 	 34%
Sorogold Street	•••••	•••••		 •••••	 50%
Parr Depot	•••••		*****	 *****	 16%

During 1938, 865 ashpits were abolished and 1,002 galvanised metal dustbins were provided, as compared with 327 and 435 respectively for the previous year.

A survey of the Borough was completed during the year for the purpose of ascertaining the number of fixed ashpits. The survey revealed that there are approximately 3,141 ashpits in existence, serving 5,302 houses.

There is no doubt that the storage of house refuse in fixed ashpits of brick or stone construction is unsatisfactory and whilst numerous ashpits have in recent years, owing to the activity of the Department, been abolished or converted to some other use, I am of opinion this work should be expedited and a general conversion scheme be undertaken in the near future.

SANITARY INSPECTION OF THE AREA.—The total number of visits paid by sanitary inspectors during the year was 50,858. The nature of these inspections is shown in Table 32, and Table 33 contains a list of the notices served and the results of such notices.

TABLE 32.

20
20
59
1
0
36
20
()2.

Table 32—Continued.

Inspections re Sanitation and Food Supply.

Common Lodging Houses	1						1 1		
Common Lodging Houses	Dwelling Houses inspect	ed	*****			*****			2412
Houses-let-in-lodgings									161
Common Yards, back-roads and passages									67
Horse-manure middensteads		-	-						419
Fried Fish Shops 29 Fishmongers and Greengrocers 87 Butchers Shops 49 Ice Cream Premises 30 Shops Act, 1934 42 Pharmacy and Poisons Act 10 Factories (with mechanical power) 17 Factories (without mechanical power) 47 Other premises under the Factories Act, 1937 11 Bakehouses 13 Workplaces (including Offices) 9 Offensive Trades 3 Private Slaughterhouses 29 Food Preparing and Storing Places 18 Places of Public Entertainment 6 Tents, Vans and Sheds 55 Darires, Cowsheds and Milkshops 65 Schools 5 Testing Drains:— 8 By Smoke 56 By Water 2 By Coloured Water 2 By Breaking Down 2 Ashes Receptacles 249 Samples of Milk procured for:— 6 Chemical Analysis 61			_						831
Fishmongers and Greengrocers 87									293
Butchers Shops Lec Cream Premises 30 30 Shops Act, 1934 42 Pharmacy and Poisons Act 10 Factories (with mechanical power) 17 Factories (without mechanical power) 47 Other premises under the Factories Act, 1937 18 Bakehouses 13 Workplaces (including Offices) 9 Offensive Trades 9 0 Offensive Tr									877
Coc Cream Premises		5100010							496
Shops Act, 1934		*****							301
Pharmacy and Poisons Act 10 Factories (with mechanical power) 17 Factories (with mechanical power) 17 Factories (without mechanical power) 47 47 47 47 47 47 47 4									428
Factories (with mechanical power) Factories (without mechanical power) Factories (without mechanical power) Other premises under the Factories Act, 1937 Bakehouses Workplaces (including Offices) Offensive Trades Private Slaughterhouses Food Preparing and Storing Places Places of Public Entertainment Fents, Vans and Sheds Dairies, Cowsheds and Milkshops Schools Testing Drains: By Smoke By Water By Coloured Water By Breaking Down Ashes Receptacles Samples of Milk procured for: Chemical Analysis Bacterial Content Sediment Phosphatase Test Samples of Other Food and Drugs under the Food and Drugs (Adulteration) Act, 1928, etc. Samples of Fertilisers and Feeding Stuffs Samples of Fertilisers and Feeding Stuffs Samples of Water Supply Smoke Observations Visits to Glass Works (Straw Sterilisation) Enquiries re Brokers' Licences Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.) Viscolar Packet States Viscolar Supples Survey of Insanitary Ashpits Viscolar Supples Supples Survey of Insanitary Ashpits Viscolar Supples Supples Supples Survey of Insanitary Ashpits Viscolar Supples						•••••			
Factories (without mechanical power)					******				179
Other premises under the Factories Act, 1937 1 Bakehouses 13 Workplaces (including Offices) 9 Offensive Trades 3 Private Slaughterhouses 29 Food Preparing and Storing Places 18 Places of Public Entertainment 6 Tents, Vans and Sheds 5 Dairies, Cowsheds and Milkshops 65 Schools - Testing Drains: 8 By Smoke 5 By Water 2 By Coloured Water 2 By Breaking Down 2 Ashes Receptacles 249 Samples of Milk procured for : - Chemical Analysis 61 Bacterial Content 24 Sediment 13 Phosphatase Test 3 Samples of Other Food and Drugs under the Food and Drugs 4 (Adulteration) Act, 1928, etc. 22 Samples of Sewage for Analysis - Samples of Water procured 1 Conversions 1									
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Food Preparing and Storing Places 18						*****	*****	*****	
Places of Public Entertainment Tents, Vans and Sheds Dairies, Cowsheds and Milkshops Schools Testing Drains: By Smoke By Water By Coloured Water By Breaking Down Ashes Receptacles Samples of Milk procured for: Chemical Analysis Bacteriological Examination Bacterial Content Sediment Phosphatase Test Samples of Other Food and Drugs under the Food and Drugs (Adulteration) Act, 1928, etc. Samples of Fertilisers and Feeding Stuffs Samples of Sewage for Analysis Samples of Water procured Conversions Insufficient Water Supply Smoke Observations Visits to Glass Works (Straw Sterilisation) Enquiries re Brokers' Licences Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.) Rag Flock Acts Rats and Mice (Destruction) Act Pigstyes Survey of Insanitary Ashpits Micellaneous Visits 1577.				*****	•••••				
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Schools ———————————————————————————————————				•				*****	
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Ashes Receptacles Samples of Milk procured for:— Chemical Analysis Bacteriological Examination Bacterial Content Sediment Phosphatase Test Samples of Other Food and Drugs under the Food and Drugs (Adulteration) Act, 1928, etc. Samples of Fertilisers and Feeding Stuffs Samples of Sewage for Analysis Samples of Water procured Conversions Insufficient Water Supply Smoke Observations Visits to Glass Works (Straw Sterilisation) Enquiries re Brokers' Licences Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.) Rag Flock Acts Rats and Mice (Destruction) Act Pigstyes Survey of Insanitary Ashpits 5777 Miccellaneous Visits 110 611 624 625 626 626 637 646 647 647 657 668 677 677 677 678 678 67					*****				23
Samples of Milk procured for :— Chemical Analysis									2400
Chemical Analysis				*****	*****	******	*****	*****	2470
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Sediment Phosphatase Test Samples of Other Food and Drugs under the Food and Drugs (Adulteration) Act, 1928, etc	Bacteriological Examir	nation				*****			116
Phosphatase Test Samples of Other Food and Drugs under the Food and Drugs (Adulteration) Act, 1928, etc	Bacterial Content						*****		244
Samples of Other Food and Drugs under the Food and Drugs (Adulteration) Act, 1928, etc	Sediment		• · • • •			*****	*****		132
(Adulteration) Act, 1928, etc. 222 Samples of Fertilisers and Feeding Stuffs 1 Samples of Sewage for Analysis - Samples of Water procured 1 Conversions 1 Insufficient Water Supply - Smoke Observations 6 Visits to Glass Works (Straw Sterilisation) 5 Enquiries re Brokers' Licences - Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.) 2646 Rag Flock Acts - Rats and Mice (Destruction) Act 1 Pigstyes 1 Survey of Insanitary Ashpits 577 Miscellaneous Visits 577 Miscellaneous Visits 577	Phosphatase Test	*****	******						4
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Samples of Sewage for Analysis									
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Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.) Rag Flock Acts						*****	•••••	*****	
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Pigstyes 1 Survey of Insanitary Ashpits 5772 Miscellaneous Visits 4186				•••••	*****	•••••	•••••	•••••	111
Survey of Insanitary Ashpits 5777	*			•••••	•••••				111
Miscellaneous Visits 4180			•••••	*****		• • • • • • • • • • • • • • • • • • • •	*****	*****	
IVIIscellaneous Visits 4186			•••••	*****	*****				5773
	Wiscellaneous Visits	*****		*****	*****	*****		*****	4186

50858

TABLE 33.

Number of defects for which notices were served during 1938, and results.

	1	1			
	Pre-		NI I	Number	
Subject of Nation		Status	Number	outstanding	
Subject of Notice	liminary	Statutory	complied	at end of	Prose-
	Notices	Notices	with	year	cutions
D. 1 1 .	0				
Ditches requiring cleansing	8	2.4	6	3	
Defective drains	229	24	239	6	-
Insufficient surface water drainage	220			_	—
Choked drains	239	4	236	15	—
Insufficient closet accommodation	2		I	4	
Absence of proper sink	159	44	139	62	
Defective water closets	102	17	117	23	
Defective pail closets	8	<u> </u>	5	6	
Defective privy middens	4	—	4	5	_
Defective gullies and dishstones	58	5	65	5	_
Defective sink waste pipes	299	37	301	11	
Defective W.C. cisterns and flushing					
fittings	120	H	133	3	
Defective urinals	2		3		-
Defective soil pipes	40	3	32	12	
Sink waste pipes connected with drains	4	—	1	3	
Yards and passages unpaved	40		34	16	
Defective yard paving	479	63	554	6	
Dampness arising from :				Ü	
Defective roofs	1177	199	1067	132	
Defective eavesgutters	565	82	645	21	
Defective downspouts	394	52	410	46	_
Defective external pointing	1514	145	1604	30	
Insufficient lighting of rooms			-		
Insufficient ventilation of rooms	570	16	620	17	_
Absence of ventilated foodstores	3	Probability	7		
Unventilated foodstore	59		57	2 2	-
Insufficient water supply	5	<u> </u>	5	ī	a-r-mag
Defective manure middensteads			6		
Dwelling houses to be whitewashed	2		2	1	
Defective chimney flues	69	7	44	35	t
Defective ashpits or dustbins to be					
repaired	182	1	156	47	-
Defective ashpits to be abolished	979		865	305	
Galvanised Metal Dust Bins to be					
provided	1037	5	1002	249	
Defective window sash-frames and					
sashcords	1038	128	1108	29	
Defective floors	949	121	1011	45	
Defective stairs	205	20	197	14	
Defective internal plaster-work	904	116	891	26	
Defective fireplaces	560	81	630	53	
Defective washboilers	279	30	257	26	
Defective doors, cupboards, &c	937	103	1010	67	
Defective gas pipes and fittings	2	1	2		
Defective water pipes and fittings	39		37	2 35	
Defective yard division walls	392	41	415	35	
Dangerous and defective chimney stacks	192	20	187	11	
Fractured internal walls	96	T	119	21	_
Defective and bulging external walls	196	22	229	35	
Filthy condition of premises	178	1	173	27	C-remaining
Accumulation of manure or offensive					
matter	57	2	46	29	promag
Keeping of animals, &c	-	1	7		-

Table 33.—Continued.

Miscellaneous	480	24	530	47	
	100	2 '			
Contraventions of :—	20		20		
Milk and Dairies Order, 1926	39		39		_
Milk (Special Designations) Order, 1936	2		2	-	
Public Health (Condensed Milk)					
Regulations, 1923 and 1927			<u> </u>		
Artificial Cream Act, 1929					
Public Health (Meat) Regulations, 1924	9		9		
	58		58		
Merchandise Marks Act, 1926	70		00	_	
Public Health (Preservatives, &c. in			1		
Food) Regulations				-	
Factory and Workshop Acts	15		16		
Shops Act, 1934	86		54	32	—
Contraventions of Bye-laws:—					
Common Lodging Houses	2		2		
Houses-let-in-lodgings	1		1		
Tents, vans, sheds	I	_	1		_
Slaughterhouses	-			-	—
Prevention of Nuisances	5	<u> </u>	13	2	
Drainage of existing buildings	-			-	—
3					
	15071	1426	15404	1569	

Referred to other Departments.

Choked Street Gullies, &c., reported to Borough Engineer	61
Waste of water reported to Water Department	178
Dangerous structures reported to Borough Engineer	25
Escapes of Coal Gas reported to Gas Engineer	33
Choked Sewers reported to Borough Engineer	23
Insufficient water supply reported to Water Engineer	5
Unauthorised Erections reported to Borough Engineer	14
Choked Drains, etc. reported to Borough Engineer (Corporation property)	9
Unpaved Passages reported to Borough Engineer	-

During the year, 359 complaints of choked drains were made to the Department. Of this number, 263 drains were freed from obstruction by members of the staff of the sanitary department, thus obviating the necessity for serving notices upon the owners.

SMOKE ABATEMENT.—As in previous years observations on atmospheric pollution were carried out with the deposit gauge situated in the yard of the school clinic, Claughton Street. The following table has been compiled from the results obtained from this gauge.

Table 34.

Table Showing the amount of Impurity Deposited in Tons per Square Mile.

(Annual Total). ST. HELENS.

Year	Total Solids	Sulphates	Tar
1917-18	612	99	13
1918-19	533	109	15
1919-20	414	52	5
1920-21	371	59	4
1921-22	378	34	5
1922-23	378	38	6
1923-24	416	59	6
1924-25	382	56	4
1925-26	759	82	12
1926-27	572	70	7
1927-28	562	81	7
1928-29	564	61	6
1929-30	391	55	5
1930-31	355	40	6
1931-32		45	
1932-33	379	38	8
1933-34	309	32	7
1934-35	431	30	9
1935-36	447	31	8
1936-37	450	24	9
1937-38	247	24	7

The reduction in the total solids during the year 1937-38 as compared with previous years has no doubt been affected to some extent by the abnormally low rainfall during that year.

A class in Smoke Abatement and Boiler House Practice was again held at the Gamble Institute during the year. Twenty students attended and the average attendance throughout the session was seventeen.

Sixty-five observations of industrial chimneys were taken during the year, each observation extending for a period of half an hour.

In 25 instances black smoke was emitted in excess of an aggregate of three minutes. Representations were made to each of the firms concerned resulting in a number of improvements either to the boiler house plant, the quality of the fuel used or to the methods of stoking.

FACTORIES.—Nine defects were reported by H.M. Inspector of Factories, and these were remedied during the year.

The Factories Act, 1937, came into force on the 1st July, 1938, and replaces the Factory and Workshop Act of 1901, and other enactments including some provisions of the Public Health Acts. The Act generally continues the previous allocation of duties between Factory Inspectors and Local Authorities, but extends the duties of the latter in some important respects.

In the new Act the old distinction between factories and workshops is abolished, only the one term 'factory' being now employed. There is, however, a distinction in the new Act between factories where mechanical power is used and factories where mechanical power is not used.

The Act still requires Local Authorities to enforce the various general provisions in regard to establishments where mechanical power is not used and they still retain their special duties in regard to means of escape in case of fire, the keeping of lists of outworkers, and taking steps to prevent the carrying on of homework in unwholesome premises.

It is also now the duty of the Local Authority to enforce in the case of all factories the provisions of the Act relating to sanitary conveniences.

Table 35 gives particulars of the administrative action taken.

Table 35.

1. Inspections for purposes of provisions as to health, including Inspections made by Sanitary Inspectors.

	Number of		
Premises	Inspections	Written Notices	Occupiers Prosecuted
FACTORIES with mechanical power	179	9	Nil
FACTORIES without mechanical power	474	4	Nil
OTHER PREMISES under the Act (including works of building and engineering construction but not including outworkers' premises)	. 6	Nil	Nil
TOTAL	659	13	Nil

2. Defects Found.

			Nu	Number of		
Particulars.		Found.	Remedied.	Referred to H.M. Inspector.	defects in respect of which Prose- cutions were instituted.	
Want of cleanliness	*****		11	11		
Overcrowding	•••••	•	—			
Unreasonable temperature	*****	••••	—	_		
Inadequate ventilation	*****		<u> </u>	—		
Ineffective drainage of floors	400*>0	••••	—	<u> </u>	—	
Sanitary Conveniences :-						
Insufficient			—	—	—	—
Unsuitable or defective	******	•	3	3	<u> </u>	—
Not separate for sexes	4+	•••••		—		—
Other offences	*****		1	1		•
TOTAL			15	15	Nil	Nil

3. Outwork in unwholesome premises, Section 111-Nil.

Outworkers.—No lists of outworkers were received from employers during the year.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS.—

Offensive Trades.—There are 6 offensive trades in the Borough, consisting of 4 tripe boilers, 1 gut scraper and 1 rag and bone dealer.

During the year 37 visits were paid to premises of this nature.

Tents, Vans, Sheds, Etc.—At the end of 1937, 28 of these structures were known to the Department to be used for human habitation. One caravan and one wooden hut only are now occupied and, as these have already been dealt with under the Housing Acts, it is anticipated that they will be vacated and demolished in the near future. These structures are occupied by one person and three persons respectively.

The remaining caravans have either been demolished, removed to districts outside the Borough or have now been discontinued for use as dwellings.

Camping Sites.—Apart from the above there are no sites in St. Helens which are used as camping sites, nor have any licences been granted by the Council authorising the use of any land or moveable dwellings for camping purposes.

Houses-Let-In-Lodgings.—Revised Byelaws for the control of Houses-let-in-Lodgings were confirmed by the Ministry of Health on the 31st July, 1935, and came into operation on the 1st September, 1935.

A survey which was completed during 1938 revealed that there were six premises used as Houses-let-in-Lodgings.

In one instance the premises were represented for closures under Section 12 of the Housing Act, 1936, and in the remaining five instances notices were served requiring compliance with the Byelaws.

Consequent upon the service of these notices, two premises ceased to be used as Houses-let-in-Lodgings; in one instance plans

for the conversion of the premises into two separate dwelling-houses were submitted and approved; and in the remaining two instances the necessary works to comply with the requirements of the Byelaws were commenced.

67 visits were paid to these premises during the year.

Common Lodging Houses.—The number of premises registered as Common Lodging Houses at the end of the year was 5.

Revised Byelaws for controlling common lodging houses were confirmed by the Minister of Health on the 22nd July, 1936, and came into operation on the 1st September, 1936.

All registered premises were regularly inspected and 161 visits were paid for this purpose.

Byelaws with Respect to Nuisances.—These Byelaws, which were obtained in 1930, deal with the prevention of nuisances arising from snow, filth, dust, ashes and rubbish, and for the prevention of the keeping of animals on any premises so as to be injurious to health.

The byelaws have proved very effective for the control of pig-keeping. There were 40 persons in the Borough known to be engaged in the keeping of pigs at the end of the year.

OTHER SANITARY CONDITIONS.—Rats and Mice Destruction Act, 1919.—The duties of Rats Officer under the Rats and Mice Destruction Act, 1919, are now carried out by the Chief Sanitary Inspector.

40 complaints of infestation of premises by rats were received during the year. As in previous years it was found that the chief cause of infestation was either defective drains or sewers in the neighbourhood of the premises concerned. When these defects were made good, no further complaints were received.

St. Helens appears to be in a favourable position in regard to rat infestation, and for this reason no extensive propaganda, apart from the display of posters and distribution of handbills, was carried out during National Rat Week. Shops Act, 1934.—This Act, which came into operation on the 30th December, 1934, places upon the Sanitary Authority the duty of enforcing the provisions of the Act relating to the ventilation and temperature of shops and the provision of sanitary conveniences.

By arrangement with the Committee responsible for the general administration of the Shops Acts, the Sanitary Department in St. Helens also takes responsibility for those provisions of the Act relating to lighting, washing facilities and facilities for the taking of meals.

At the end of the year, 146 of the principal shop premises in the Borough had been surveyed and 102 notices served requiring compliance with the provisions of Section 10 of the Act. The total number of defects found was 299.

The following are the particulars of these defects	:
Absence of or insufficient means for maintaining	
a reasonable temperature	88
Insufficient temperature maintained	35
Insufficient means of ventilation	39
Insufficient lighting	5
Absence of suitable and sufficient sanitary	
conveniences	66
Absence of suitable and sufficient washing	
facilities	39
Absence of suitable and sufficient facilities for	
the taking of meals	27

Many of these defects have now been remedied or the work had been commenced at the end of the year.

A total of 428 visits were paid to shop premises during 1938.

When plans are being submitted to the Health Committee for the erection or alteration of shop premises, the attention of the architects or other persons concerned is drawn, by means of a leaflet, to the new requirements. Offices.—During the year a survey of the offices in the Borough was undertaken with special reference to sanitary accommodation, ventilation, lighting, cleanliness and overcrowding. Seventynine offices were inspected and 59 were found generally to be in a satisfactory condition. In the remaining 20 instances, notices were served for various defects and in 14 instances these were complied with during the year.

The following are the particulars of the defects found and remedied:—

Absence of sufficient and satisfactory sanitary	
conveniences	12
Dirty condition of sanitary conveniences or	
compartments	5
Insufficient ventilation	2
Dirty condition of office premises	9
General sanitary defects	9

Taking a standard of overcrowding of 250 cubic feet per person, no offices were found to be overcrowded and lighting conditions were generally found to be satisfactory.

Places of Public Entertainment.—64 visits were paid to places of public entertainment during 1938. The condition of these premises throughout the year was found to be generally satisfactory.

Canal Boats.—There is only one canal in St. Helens, viz., the St. Helens Canal, and this has not been used for traffic for a number of years. An order authorising the abandonment of this canal was made by the Ministry of Transport on 2nd April, 1931.

Mortuaries.—A public mortuary with post-mortem room is maintained behind the Town Hall, and is under the supervision of the Medical Officer of Health. During the year 44 bodies were received into the mortuary, and 23 post-mortem examinations were conducted.

The following is a list of the mortuaries in the Borough, showing their normal accommodation:—

	Normal
Situation.	Accommodation.
Town Hall	5
St. Helens Hospital	6
Providence Hospital	6
Peasley Cross Sanatorium	4
Eccleston Hall Sanatorium	4
St. Helens Maternity Hospital	2
	27

Arrangements for the Disposal of the Dead.—The cemetery provided and maintained by the Local Authority is 44.22 acres in extent, of which 22.31 acres are still available for burial purposes. In addition there are 23.80 acres of land adjoining which can be utilised for extension purposes.

There are private cemeteries still in use in connection with the following churches:—

St. Peter's, Parr; St. Nicholas', Sutton; St. Thomas', Windsor Road; St. Anne's, Sutton; and Windleshaw Abbey.

Swimming Baths.—Indoor swimming baths, situate in Boundary Road, are maintained by the Corporation. There are two plunge baths, and the method of purification of the water is by means of continuous filtration and chlorination.

Three samples of water from the swimming baths at Boundary Road were taken for bacteriological examination during 1938, and the following are the results of the examinations:—

Bacteria per c.c.						
	37° C.	22° C.	B. Coli (presumptive).			
Sample No. P. 41	416	per 0.5 c.c. 64	Absent in 50 c.c.			
Sample No. P. 42	128	per 0.5 c.c. 1	Absent in 50 c.c.			
Sample No. P. 44	Nil	Nil	Absent in 100 c.c.			

These findings show the water to be commendably satisfactory for bathing purposes.

The Rag Flock Acts, 1911 and 1918.—No sample of rag flock was taken during the year.

Sanitary Condition of Schools.—During 1938 there were 40 public elementary schools with 80 departments in the Borough.

Conditions in Council schools are on the whole good, all these being of fairly recent construction. In some of the older schools, however, pail closets are still in existence, whilst in others trough closets with automatic flushing cisterns are still being used. I would urge that wherever possible the remainder of the unsatisfactory types of closets should be replaced.

XV.—HOUSING.

STATISTICS.—Of the 1175 houses erected during 1938, 568 were erected by the Local Authority and 607 by private or commercial enterprise.

Table 36 shows the number of dwelling-houses erected in each ward since 1918.

Table 36.

The wards of the borough in which dwelling-houses have been erected during the years mentioned.

^{*}Ward boundaries altered.

A statement as to the number of houses erected with and without State assistance, together with a summary of the work of the department in regard to housing, is given in Table 37.

Table 37. Housing.

Number of new houses erected during the year :-	
(a) Total (including numbers given separately under (b)) 1175
(b) With State assistance under the Housing Acts:	
(i) By the Local Authority	568
(ii) By private or commercial enterprise	
(c) Without State Assistance under the Housing Acts:	
(i) By the Local Authority	
(ii) By private or commercial enterprise	
	007
1.—Inspection of dwelling-houses during the year:—	
(1) (a) Total number of dwelling-houses inspected	
for housing defects (under Public Health or	0.410
Housing Acts)	2412
(b) Number of inspections made for the purpose	27472
(2) (a) Number of dwelling-houses (included under	
sub-head (1) above) which were inspected and	
recorded under the Housing Consolidated	
Regulations, 1925	396
(b) Number of inspections made for the purpose	1796
(3) Number of dwelling-houses found to be in a state	
so dangerous or injurious to health as to be	
unfit for human habitation	24
(4) Number of dwelling-houses (exclusive of those	
referred to under the preceding sub-head)	
found not to be in all respects reasonably fit	
for human habitation	2388
2.—Remedy of defects during the year without service of	
formal notices:—	
Number of defective dwelling-houses rendered fit	
in consequence of informal action by the	
Local Authority or their officers	2122
	-1

4.—H	ousing	Act, 1936—Part IV. Overcrowding:—	
A.	(i)	Number of dwellings overcrowded at the end	
		of the year	1016
	(ii)	Number of families dwelling therein	1215
	(iii)	Number of persons dwelling therein	8859
•B.	•	Number of new cases of overcrowding	
		reported during the year	86
C.	(i)	Number of cases of overcrowding relieved	
		during the year	1280
	(ii)	Number of persons concerned in such cases	8975
D.		Particulars of any cases in which dwelling-	
		houses have again become overcrowded after	
		the Local Authority have taken steps for the	
		abatement of overcrowding	nil.
E.		Any other particulars with respect to over-	
		crowding conditions upon which the Medical	
		Officer of Health may consider it desirable to	
		report	nil.

SLUM CLEARANCE.—The following table records the department's activities in regard to slum clearance each year since the passing of the Housing Act, 1930.

NUMBER OF CLEARANCE AREAS AND PREMISES REPRESENTED SINCE THE PASSING OF THE HOUSING ACT, 1930.

Year	Clearance Areas	Houses in Clearance Areas	Individual Unfit Houses	Back-to-Back Houses	Caravans	Wooden Huts	Total No. of Houses Represented
1931		_			_		
1932	3	39			_	_	39
1933			43		_	-	43
1934	11	91	6	52		-	149
1935	13	55	36	16	1		108
1936	7	194	37	20			251
1937	24	345	22	12	41	37	457
1938			24				24

Individual Unfit Houses.—Official Representations under the Housing Act, 1936, were made during the year regarding the following 24 individual unfit houses. Demolition Orders were made in respect of each house:—

1		Date
Description of	Date	Demolition
dwellinghouse.	Represented.	Order made.
37, Crab Street	9/ 3/38	4/ 5/38
96, Merton Street	9/ 3/38	4/ 5/38
98, Merton Street	9/ 3/38	4/ 5/38
100, Merton Street	9/ 3/38	4/ 5/38
295, Newton Road	20/ 9/38	26/10/38
297, Newton Road	20/ 9/38	26/10/38
299, Newton Road	20/ 9/38	26/10/38
55, Tontine Street	20/ 9/38	26/10/38
57, Tontine Street	20/ 9/38	26/10/38
59, Tontine Street	20/ 9/38	26/10/38
61, Tontine Street	20/ 9/38	26/10/38
63, Tontine Street	20/ 9/38	26/10/38
65, Tontine Street	20/ 9/38	26/10/38
67, Tontine Street	20/ 9/38	26/10/38
69, Tontine Street	20/ 9/38	26/10/38
71, Tontine Street	20/ 9/38	26/10/38
100, Canal Street	20/ 9/38	26/10/38
102, Canal Street	20/ 9/38	26/10/38
104, Canal Street	20/ 9/38	26/10/38
203, College Street	20/ 9/38	26/10/38
8, Taylor Street	29/11/38	4/ 1/39
10, Taylor Street	29/11/38	4/ 1/39
12, Taylor Street	29/11/38	4/ 1/39
14, Taylor Street	29/11/38	4/ 1/39

Future Activity.—A further survey of dwellinghouses which was undertaken during the year showed there are still many which fall below the general housing standard, and it would appear

that much slum clearance work remains to be done before housing conditions in St. Helens can be regarded as wholly satisfactory.

Re-housing.—Table 38 shows the sites allocated to the end of the year for the re-housing of persons displaced or to be displaced from premises dealt with under all slum clearance schemes since their commencement in 1932.

These sites provide accommodation for 5,178 persons in 1,052 houses. From the commencement of re-housing to the end of the year, 3,144 persons had been re-housed in 680 of these houses.

Provision of Furniture.—A scheme is now in operation which allows the purchase, by necessitous persons displaced from slum clearance schemes, of furniture and other household effects on easy payment terms.

Rent and Mortgage Interest Restrictions Acts, 1920-1938.—During the year 17 applications were received from tenants for sanitary certificates under the Rent and Mortgage Interest Restrictions Acts.

Certificates were granted in 11 instances and in one instance the certificate was rescinded, the work required to put the house in a reasonable state of repair having been completed satisfactorily.

OVERCROWDING.—It will be remembered that the overcrowding survey undertaken by the Department in 1935 showed that at that time there were 2,021 overcrowded houses in the borough and that a further 487 houses would become overcrowded by the end of 1938 by reason of increased ages of children.

A re-survey of these overcrowded houses which was undertaken by the Housing Department and completed in March, 1939, showed that only 1,023 of them were still overcrowded.

This reduction may be attributed to the following causes:—

(1) The exodus of a proportion of the St. Helens population to new houses erected just outside the borough boundary.

TABLE 38.

		Z	Numbers and	nd Types		of Houses erected	or to be	erected		Providing
Name of Site	2-bedroomed	pomed	3-bedroomed	omed	4	4-bedroomed	70	Aged	Total	Accommodation for persons
* Hardshaw Brook * Rivington Road * Gaskell Street * Virgil Street * Simms Avenue * Boardmans Lane * Sorogold Street	6 20 20 8 8 12		20 38 20 20 10			978 99		77	2827 66 93	166 288 326 10 132 176 184
	1-bedroomed	omed	3-bedroomed	omed	4	4-bedroomed	P	5-bedroomed		
	l person	2 persons	5 persons	6 persons	7 persons	8 persons	9 persons	10 persons		
† Crossley Road † Grange Park † Marsden Avenue † Sutton Manor † Ramford Street Princess Avenue Greenbank East Lancashire Road	1 12 4	27 8 4 4	448 138 188 188 188	028248141	22 8 4	4002 9 4	14 00 01	4	208 32 40 172 172 176 176	326 1122 150 212 848 64 274 900
								Totals	1052	5178

* Houses erected in accordance with the standard laid down by the Housing Act, 1923.
† Houses erected or to be erected in accordance with the standard suggested in the Ministry of Health Circular 1539, dated 7th May, 1936.

- (2) The number of new houses erected inside the borough.
- (3) Re-housing of overcrowded families displaced from slum clearance schemes.
- (4) The building of new houses by the Corporation for the relief of overcrowding.

During the year the Council decided to erect a further 82 houses for the relief of overcrowding on the East Lancashire Road site.

DISINFESTATION OF PREMISES AND HOUSE-HOLD EFFECTS.—During the year 36 Council houses were reported by the Housing Department to be infested with bed bugs. Of these 30 were sprayed with Solution D and, where infestation was serious, architraves, skirting boards and picture rails were removed and separately treated prior to spraying. The remaining 6 houses could not be adequately dealt with by means of spraying and were fumigated by Hydrocyanic gas. This work was carried out by a private contractor.

57 other houses infested with bed bugs also came to the notice of the sanitary staff during the year. Of these, 9 were houses which were the subject of demolition orders and no disinfestation of the premises was carried out. In the remaining 48 instances the tenants were advised as to the best methods of disinfestation, including the periodic fumigation of the rooms with sulphur, and periodic advisory visits were paid by the sanitary staff and the premises kept under observation until free from infestation.

Where re-housing takes place from premises dealt with undersular slum clearance schemes, the furniture and household effects are subjected in all cases to fumigation by Hydrocyanic gas before removal into the new houses. This work also is carried out by a private contractor. The bedding is subjected to steam disinfection at the Council's Isolation Hospital. The furniture and household effects from 408 premises were disinfested by this means during the year.

COUNTY BOROUGH OF ST. HELENS.



Annual Report

OF THE

School Medical Officer,

FOR

1938.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.,
Medical Officer of Health
and School Medical Officer.

St. Helens:

Wood, Westworth & Co., Limited, Printers and Stationers,
Hardshaw Street.

1939.

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Central Children's Care Committee.

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Deputy-Chairman:
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Mrs. Austin Pilkington, J.P.

Mr. A. Thomas, J.P.

TO THE CHAIRMAN AND MEMBERS OF THE ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I submit herewith my Annual Report as School Medical Officer for the year 1938.

Routine medical examinations at the elementary schools during 1938 showed a slight increase as compared with 1937 in the number of children found defective, but this was mainly due to an increase in the number with defects requiring to be kept under observation only. The number of children actually requiring treatment was less than in the previous year. The incidence of defects per child was also less.

One increase which will be noted in the Report is the increased number of children classed as having subnormal or bad nutrition. This is considered to be mainly a 'paper' increase, due to the fact that special attention was given during the year to the standards by which nutrition was assessed by the various medical officers and the adoption of what is hoped will be a more uniform and accurate standard. Judged by the standard adopted during 1938 it is now considered that in 10.2% of the children in St. Helens nutrition is either slightly subnormal or definitely bad. That figure does not compare unfavourably, however, with the corresponding figure of 11.1% for the whole of England and Wales for the year 1937.

I might here also draw attention to the marked improvement that resulted in the nutrition of juveniles attending the Junior Instruction Centres after the introduction of free meals at those Centres.

In the general conduct of the Service there are no important changes to report for 1938. The Aural Clinic and the Speech Clinic inaugurated in 1937 have continued to give very satisfactory results, and have more than justified their establishment. The opening of the Sight Saving Class, the scheme for which has been approved for some time, has unfortunately had to be delayed, mainly owing to the difficulty of getting suitable equipment. It is hoped, however, that these difficulties will be overcome during the current year.

One point to which attention might, I think, be drawn is the great improvement that has taken place in recent years, and is still taking place, in the school buildings. Improvements as from year to year may not be appreciated, but looking backwards over a period of years and noting the new schools that have been built and the improvements that have been carried out in other schools, one cannot but feel that these improved conditions must have a beneficial effect on the health of the scholars. It has to be admitted that there are still some schools which should be closed and there are still some which are overcrowded, but in comparison with conditions some years ago school children are now being taught under much healthier conditions.

For much of the work done I am indebted to Dr. O'Brien, Deputy School Medical Officer, and my special thanks are due to Mr. Lonie, Director of Education, for his cordial co-operation and much valuable assistance.

I am,

Ladies and Gentlemen,
Your obedient Servant,
FRANK HAUXWELL.

July, 1939.

STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE DURING THE YEAR 1938.

Children in Average Attendance at Elementary Schools	4 4 4 8 7 6	17,071
Total Examinations of Elementary School Children		22,569
Total Examinations of Secondary School Children	•••••	1,433
Miscellaneous Examinations (Bursars, etc.)	••••	216
Minor Ailments treated	•••••	3,282
Visual Defects treated	•••••	558
Ear, Throat and Nose Defects treated		304
Children inspected by School Dentists	****	19,417
Children treated by School Dentists	*****	6,436
Total Attendances at All School Clinics	*****	61,066
Examinations by Nurses for Cleanliness	*****	56,557
Visits to Schools by Medical Officers	*****	350
Visits to Schools by Nurses	*****	4,804
Home Visits by Nurses	*****	8,943
Total Attendances at Inspection Clinic		4,070

STAFF.

School Medical Officer and Medical Officer of Health: -

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.).

Deputy School Medical Officer and Deputy Medical Officer of Health:—

Gerald O'Brien, M.B., Ch.B., D.P.H. (St. Andrew's).

Assistant School Medical Officers and Assistant Medical Officers of Health:—

Enid M. Hughes, M.B., Ch.B. (Liverp.).

Ian M. McLachlan, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M., D.P.H.

Muriel M. Osborn, M.R.C.S., L.R.C.P. (Resigned August, 1938).

Jean M. Barrowman, M.B., Ch.B. (Glasgow). (From October, 1938).

Dental Surgeons:-

Vincent Higham, L.D.S.

Arthur N. Leicester, B.D.S.

Mary G. Chisnall, L.D.S. (Resigned November, 1938).

Jean M. Simpkin, L.D.S. (From November, 1938).

Health Visitors and School Nurses:-

Superintendent: Eleanor J. Moorehead (2), (3), (6).

Ethel Denman	(1), (5), (6)	Louisa Peace	(3), (6)
Mary Riding	(3), (6)	*Edith Jones	(2), (3), (6)
Emily Corrish	(3), (6)	Caroline Good	(3), (6)
Nora Hogan	(3), (6)	*Annie May Jenkins	(2), (3), (6)
Mary Corrish	(3), (4), (6)	*Hilda Robson	(2), (3), (6)
Alice Happold	(3), (5), (6)	*Lilian Evans	(2), (3), (6)
Edith Curran	(3), (6)	Gaynor Williams	(2), (3), (6)
*Doris Parkinson	(2), (3), (6)	May Tonge	(2), (3), (6)
Nellie Richardson	(3), (6)	Florence Middlehurst	(2), (3), (6)
*Leah Rogers	(2), (3), (6)	Sophia M. McConnell	(3), (6)

Orthopaedic Nurse:

Winifred M. Russell

School Clinic and Dental Nurses and Attendants:—

Florence Faber Ethel M. K. Elliot (3)(3), (6)(3)Elizabeth Howarth Florence Wilkinson (3)*Ellen Glynn Phyllis M. Mather (3), (6)Edna Mather Mary T. Ewing

- (1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
 (2) New Health Visitor's Certificate of the Royal Sanitary Institute.
 (3) General Trained Nurse.
 (4) Fever Trained Nurse.
 (5) Children's Trained Nurse.
 (6) State Certified Midwife.
 (7) Certificate of the Chartered Society of Massage and Medical Gymnastics.

 * Resigned during the year.

The following are part-time officers:—

- E. Allan, M.B., Ch.B. (Edin.), Ophthalmic Surgeon.
- J. E. G. McGibbon, M.B., B.S. (Lond.), D.L.O. (Eng.), Ear, Throat and Nose Surgeon.
- T. P. McMurray, M.B., M.Ch., B.A.O., (R.U.I.), F.R.C.S., (Edin.), Consulting Orthopaedic Surgeon.
- B. L. McFarland, M.D. (Liverp.), M.Ch. (Orth.), M.B., Ch.B., F.R.C.S. (Ed.), Orthopaedic Surgeon.
- J. Unsworth, M.B., B.S. (Lond.)., Physician to the X-Ray Department.

Muriel W. Ferrie, M.S.S.T., Speech Therapist.

SCHOOL HYGIENE.

The authority's policy of providing bright and healthy surroundings for the school children in the town has been further advanced during the past year. Of the proposals mentioned in the last report, that to provide improved accommodation for the infant children at the Sutton Manor Council School has been approved by the Board of Education, and work on the building has now begun. A satisfactory site for a Junior and Infants' School in the Haresfinch district has at last been acquired and sketch plans prepared.

The two gymnasia at the Rivington Road Council School were completed and equipped during the year. Both are now being used to the full, both by children attending the day school and by students at the Junior Evening Institute. Plans for the provision of a swimming bath to be used for educational purposes are still under consideration. The special classroom at the Hamblett Open Air Council School to provide accommodation for the training of partially sighted children has been completed, and consideration is being given to the best method of equipping it. The Grange Park Council Senior School was opened during the year by Sir Percival Sharp, LL.D., and, thanks to the co-operation of the School Managers concerned, the senior children from the Nutgrove Methodist School and the Ravenhead C.E. School have now the benefit of the improved accommodation provided. The Managers of the Ravenhead C.E. School are also making an effort to improve the accommodation for the infant children attending their school. The new Robins Lane Council Junior and Infants' School was completed at the end of the year, and in 1939 the pressure on the accommodation in the old building will be greatly relieved. Plans have now been approved for the modification of the old buildings to make them up to date.

MEDICAL INSPECTION.

Elementary Schools.

During the year 1938 there were under the control of the Education Committee 40 Elementary Schools with 79 departments. Particulars as to accommodation and attendances are as follows:—

Number of children for whom accommodation available	• • •	•,••	24,950
Average number of children on the roll during the year	• • •	• • •	18,779
Average number of children in attendance during the year	•••	• • •	17,071
Percentage attendance for the year	• • •	• • •	90.9%

The re-organisation of staff which was carried out last year was retained during 1938, so that all the elementary and secondary schools were served by six health visitors, who devoted their whole

time to School Medical work. It may be noted once again that although this may not necessarily constitute a permanent feature of general health administration, it possesses the outstanding advantage that close co-operation and contact is more easily obtained with the schools. Also, more uninterrupted time can be devoted to work in the school and this greatly facilitates the general supervision of the children, and any necessary investigations such as are carried out in the tracing of outbreaks of infectious disease. The main disadvantage is that the school health visitor does not carry out visits to the home, and this may comprise a break in continuity of supervision. The domestic background of a child's life is admittedly a factor of importance in the assessment of defect, or in the obtaining of treatment after school medical inspections. Yet this information is freely available to the school health visitor by the agency of the district health visitor, and close contact exists between the two. In practice indeed, this has worked very smoothly so far, and the results justify, at least, an extended trial of the system.

The annual routine inspection of all nursery class children up to the age of five years was again carried out. This forms a very useful supplement to the work carried out at the Toddlers' Clinics of the Maternity and Child Welfare Service.

Other general features of the School Medical Service remain unaltered from the previous years. The following statement shows the number of inspections carried out during the past five years:

		1934	1935	1936	1937	1938
						<u>· </u>
• • •	• • •	6158	5797	6919	5738	5989
	• • •	6348	6437	6216	6142	5856
• • •	• • •	9693	9570	9762	10138	10724
• • •	• • •	3746	3960	4510	4523	4070
		•••	6158 6348 9693	6158 5797 6348 6437 9693 9570	6158 5797 6919 6348 6437 6216 9693 9570 9762	6158 5797 6919 5738 6348 6437 6216 6142 9693 9570 9762 10138

The detailed figures of the number medically inspected during the year are given in Table I.

Secondary Schools.

The Secondary Schools to which the provisions of the School Medical Service are applicable are the :—

- St. Helens Cowley Boys' Secondary School.
- St. Helens Cowley Middle School for Girls.

The following statement shows the work done in the medical inspection of these schools during the past five years:

			1934	1935	1936	1937	1 9 38
Routine examinations	• • •	• • •	928	960	894	983	996
Special examinations	• • •	• • •	184	134	54	53	163
Re-examinations	• • •	• • •	217	157	143	120	274

The detailed figures of the number of children inspected are given in Table VIII.

FINDINGS OF MEDICAL INSPECTION.

Elementary Schools.

Table II shows the number of defects discovered during routine and special examinations which were referred for treatment or required to be kept under observation.

Of 5,989 children examined at the routine medical inspections during 1938, 545 (9.1%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear, and dental defects), which required treatment, and 1,595 (26.6%) from defects requiring to be kept under observation.

During the past five years the corresponding percentages have been:

	1934	1935	1936	1937	1938
Referred for treatment Referred for observation	• -				9.1% 26.6%
Total	34.9%	34.5%	35.3%	34.3%	35.7%

The following table shows the percentage of *defects* referred from routine medical inspections for treatment or for observation per 100 children examined during the past five years.

Incidence of defects (excluding uncleanliness, defective clothing, or footgear and dental diseases) referred for treatment or for observation per 100 children examined

	1934	1935	1936	1937	1938
Requiring treatment	12.4	18.1	19.3	18.7	9.7
Referred for observation	24.5	23.7	22.6	26.4	25.7
Total	36. 9	41.8	41.9	45.1	35.4

The above tables show that the percentage of children found to be defective at routine medical inspections showed a slight increase, although the incidence of defects amongst the children was markedly decreased. Further analysis of the position shows that the decrease occurred in the category of defects requiring treatment, while the occurrence of defects requiring observation remained, relatively speaking, unaltered. The fall in the incidence of defects requiring treatment occurred in all categories, but was particularly marked in those comprising, firstly, skin defects, secondly, catarrhal infection of the mucous membranes and, most marked of all, in the category of chronically enlarged tonsils and adenoids. This latter drop was foreshadowed in the report of last year, which laid down the conservative principles now adopted in approaching the question of active treatment for this class of defect, and it may be noted here that the attitude was echoed by many other school medical reports during 1937.

The chief defects for which children were referred for treatment or for observation at routine inspections during the last five years are shown in the following table as percentages of the children examined.

	1934	1935	1936	1937	1938
External Eye Diseases	0.97%	1.8%	1.6%	1.9%	0.9%
Defective Vision and Squint					
(Intermediates and Leavers only)	16.5%	13.1%	18.1%	15.9%	18.6%
Ear Disease or Defect	, ,	2.0%	1.9%	2.2%	1.2%
Throat or Nose Defects	8.8%	10.3%	9.1%	12.0%	6.9%
Disease of Heart and Circulation	2.9%	2.7%	2.3%	4.7%	2.9%
Lung Disease (Non-Tubercular)		4.9%	3.7%	2.4%	1.9%
Tuberculosis	0.5%	0.4%	0.5%	0.6%	0.5%
Malnutrition	0.9%	3.2%	3.4%	3.0%	10.2%

From the above table it will be seen that as regards individual classes of defects the decrease in the percentage of defects found was evident in all the main categories except defective Vision and Squint and Malnutrition.

In regard to defective Vision and Squint, comparison of Table IIA for 1938 with the corresponding Table for 1937 shows that the increase was in the class of cases of defective Vision listed for observation. These are border-line or doubtful cases, which later may return to normal standards or be brought forward for treatment.

Detailed figures regarding nutrition are given in Table IIB. There it will be seen that comparing the year 1938 with the previous year the percentage of children in 1938 whose nutrition was considered excellent (A) remained approximately stationary, whereas those listed as normal (B) showed a decrease, and those listed as sub-normal (C) and bad (D) showed a rise of from 3% to 10.2%. This apparent increase in the incidence of malnutrition requires further comment.

During 1938 a detailed nutritional survey was carried out in the schools by the medical officers. It was felt that in the past the local figure for the incidence of malnutrition had erred on the low side. This was probably due to the varying and conflicting views of individual medical officers as to what constituted a state of sub-normal nutrition. Special emphasis was therefore placed on the necessity for more careful assessment of nutrition in sub-normal cases, i.e., the class of border-line cases showing only slight but nevertheless perceptible departure from the accepted normal standard.

This has resulted in an appreciable rise in the number of cases classified as nutritionally sub-normal, with a corresponding increase in the total figure for malnutrition. It is possible that the figure of 10.2% for St. Helens may now appear to be rather high, but it undoubtedly represents a more correct return for the incidence of malnutrition in the borough than has formerly been the case. It is interesting to note that the corresponding figure for England and Wales during 1937 was 11.1%.

Naturally all these cases were recommended for milk or meals, and in the carrying out of this the interesting factor emerged that every school child in St. Helens, who is eligible on financial grounds to obtain free milk or free meals, has been offered one or the other. The work of the Headmasters and Headmistresses of the schools in the administration of the scheme is extremely thorough. Their efforts ensure that no deserving child is overlooked and the admission of each malnourished child to a Feeding Centre would be, in every case, assured were it not for the persistent obstinacy and groundless objection on the part of some parents who refuse to avail themselves of the advantages freely offered.

A more detailed analysis of the incidence of the principal defects is set out in Table A. This shows the incidence per 1,000 inspections of defects requiring treatment and defects requiring observation, and gives a complete picture of the findings of the medical inspections.

TABLE A.

INCIDENCE OF MEDICAL DEFECTS.

Public Elementary Schools.

		Routine	Inspections.	
	No. of defects requiring treatment	Incidence per 1,000 inspections	No. of defects requiring observation	Incidence per 1,000 inspections
Defects of vision	6 	4.0 39.1 8.7 8.2 0.3 2.5 9.0 — 2.8 3.2 1.0 — 0.2 — 0.2 — 0.2 — 13.0	6 375 71 2 9 25 242 1 25 54 42 16 4 — 26 4 4 8	1.0 98.4 11.9 0.3 1.5 4.2 40.4 0.2 4.2 9.0 7.0 2.7 0.7 4.3 0.7 0.7 1.3

The percentage of children found verminous in 1938 was 2.59%. In no instance was compulsory cleansing necessary.

The percentage of children found at routine inspections with defective clothing was 2.34% in 1938 as compared with 3.57% in 1937; whilst the percentage with defective footwear was 1.10% compared with 1.28% in the preceding year.

Re-examinations: The following table gives the number of re-examinations carried out by medical officers during the year, and the results found at these re-examinations.

Number of children re-exam	mined	• • •	• • •	• • •		5,071	
Total re-examinations	• • •		• • •	• • •	• • •	10,724	
Number found remedied	• • •	• • •	• • •		• • •	1,101	(10.3%)
Number found improved				• • •		6,360	(59.3%)
Number found stationary	•••				• • •	3,223	(30.0%)
Number found retrograde	• • •	u • u	• • •	• • •		40	(0.4%)

Secondary Schools.

At the Secondary Schools 996 children were examined at the routine inspections. Of these 52 (5.22%) had defects (other than uncleanliness, defective clothing or footwear or dental defects) requiring treatment and 307 (30.82%) defects which required to be kept under observation. The corresponding percentages for 1937 were 6.41% and 26.1% and for Elementary Schools were 9.1% and 26.6%.

The chief defects for which children were referred for treatment or for observation during the past 5 years were as follows:—

	1934	1935	1936	1937	1938
Defective Vision or Squint Throat and Nose Defects	23.8% 5.5%	22.4% 5.0%	23.4% 2.8%	22.2% 4.1%	18.9% 6.7%
Diseases of the Heart and	, ,	4.7%	2.1%	2.9%	5.2%
Lung Disease (Non-Tubercular) Sub-normal nutrition	0.10/	0.8%	0.1%	0.3%	0.5%

As in the case of the Elementary Schools there was a decrease in the percentage of cases referred for treatment and an increase in the cases classed for observation. In the class of throat and nose defects, more cases than usual of enlarged tonsils were referred for observation. There was also an increase in the percentage of cases of functional heart disease, but this increase is more one of academic interest and in itself has no clinical significance.

In addition to the routine inspections, 163 special cases were examined and 274 children previously found defective were reexamined.

The nature of the defects for which cases were referred for treatment or to be kept under observation is detailed in Table IX.

MEDICAL TREATMENT.

Elementary Schools.

Table IV gives in detail and Table VII in summary form the treatment obtained for the various defects referred for treatment during 1938. Table B shows the number and percentage of cases treated in the four main classes of medical defects during the past 5 years.

These Tables show that the percentage of children receiving treatment for the various classes of defects still maintains a very satisfactory level and may be regarded as a measure of the useful and necessary work carried out by the School Medical Service.

TABLE B.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1934 to 1938.

			1934	1935	1936	1937	1 9 38
Minor Ailments— No. referred for treatment No. treated % treated	•••	• • •	4242 4209 99.2	3781 3728 98.6	3906 3833 98.1	3868 3821 98.8	3452 3394 98.3
Visual Defects— No. referred for treatment No. treated % treated	•••	• • •	752 718 95.5	691 676 97.8	829 811 97.8	752 720 95.7	604 557 92.2
Throat and Nose Defects— No. referred for treatment No. treated % treated	•••	• • •	530 409 77.2	588 370 64.6	902 546 60.5	734 473 64.4	399 349 87.4
Other Medical Defects— No. referred for treatment No. treated % treated	• • •	• • •	1635 1569 96.0	1824 1681 92.2	2009 1854 92.3	1974 1858 94.1	1025 931 90.8

The percentage of children treated under schemes of the Local Authority during 1938 was approximately 96%.

Secondary Schools.

Of the 92 children referred for treatment for medical defects during the year, 80 (57.0%) were treated before the end of the year, and of 461 children referred for dental treatment, 436 (94.6%) were treated. The corresponding figures for 1937 were 91.7% and 97.1%.

Approximately 42.4% of the defects treated were treated under the schemes of the Local Authority.

The detailed figures regarding the defects treated are given in Table XI and a summary of the treatment obtained is shown in Table XIV

Provision of Treatment.

The total number of defects treated at the various clinics during the past five years is shown in the following statement.

	1934	1935	1936	1937	1938
Minor Ailments	717 259 7,176 332	3,543 678 241 7,677 331 1,092	3,653 807 396 8,460 415 1,236	3,646 723 413 7,758 536 1,126	3,282 558 304 6,436 601 714
Total number of defects treated	13,573	13,562	14,967	14,202	11,895
Total attendances	66,063	59,666	60,989	62,124	61,066

Though fewer defects were treated at the various clinics during 1938 than in previous years this was almost entirely due to the fact that fewer children were referred for treatment. Yet, of the cases referred, the percentage receiving treatment, together with the total number of attendances, still maintained a very high level, showing that the various clinic facilities were well and constantly utilised.

District clinics for minor ailments and dental defects are still being maintained at the Elizabeth Street, West Street, and Gartons Lane Centres and at Parr Flat School. In addition, a clinic for minor ailments only is held daily at the Albion Street Centre. At the district minor ailment clinics, 1,737 children made 22,149 attendances during 1938 for treatment, and at the district dental clinics, 1,405 children made 2,640 attendances for treatment.

The operative treatment of tonsils and adenoids and of cases of squint is carried out at one of the local hospitals. During the year, 252 children were operated on for the removal of tonsils an adenoids, and 11 straightening operations were performed for squint

The following table shows the work carried out at or in connection with the Ophthalmic Clinic during the past five years.

	1934	1935	1936	1937	1938
Cases for refraction	717 626 91 695 8 10 8	678 591 67 779 2 18	814 701 113 994 — 9 21	723 581 142 901 — 29 40	558 472 86 723 6 17
Total attendances	1,539	1,541	1,780	1,549	1,304

During 1938 there was an increasing volume of work passing through the aural clinic. Treatment in cases of aural defect is often long and complicated, necessitating many attendances and frequent re-examinations by the consultant surgeon. This, together with the numbers of new cases, produced in the course of a few months an accumulation of cases awaiting primary examination and secondary re-examinations. In order to deal with these and to prevent delay in the obtaining of treatment, it was found necessary to institute extra clinic sessions during the year. Thus, instead of holding sessions at intervals of two weeks, 41 sessions in all were found to be necessary to cope with the work carried out during the year.

I am obliged to Mr. McGibbon, Consultant Aural Surgeon, for the following report on the work carried out during the year.

- "The Aural Clinic has now been in operation for almost two years and it is possible, therefore, to gauge its results over this period.
- "It would appear that its function in preventing the disabilities of chronic ear disease and chronic deafness have fully justified its inception, and that its purpose has been more adequately filled since the appointment of Mr. John McFarland as Assistant and the establishment of more frequent sessions.
- "During the past year 363 children have been examined, kept under observation and treated, and of these 165 children have been discharged as cured. The total number of attendances for examination and for treatment was 3,324.

"It is felt that the examination of children referred by the School Medical Officers for removal of tonsils and adenoids is, also, a great advance, as it is possible to subject these children to a thorough examination of their ears, nose and throat, and in several instances lesions other than tonsils and adenoids have been discovered and treated.

"In spite of the good results obtained, I consider that these would be enhanced if provision could be made for hospitalisation of all cases of acute suppurative middle-ear disease.

"It is my experience that in other large Municipal Children's Hospitals patients suffering from acute suppurative middle-ear disease who are admitted and treated in Hospital make a more rapid and complete recovery than those treated as out-patients.

"My thanks again are due to the Medical Officers and the Aural Nurse for their help and co-operation."

A successful year's work was again also completed at the Speech Defect Clinic. More cases were dealt with than during the previous year, and more examinations of new and doubtful cases were carried out. The clinic is visited regularly by a Medical Officer for the purposes of medical inspection. I append below the following notes on the year's progress, for which I am indebted to Miss Muriel W. Ferrie, Speech Therapist.

"48 new cases were seen during 1938 and graded as follows:—

- "14 children attended for supervision only and of these 2 were discharged later as needing no further attention.
- "8 children were seen once and no further action was taken, either because treatment was unnecessary or because they were known to be mentally retarded.
- " 8 were added to the 'Waiting List' for speech defects.
- "18 were accepted for attendance at the Clinic.

- "51 children were in actual attendance during 1938 (33 stammerers and 18 speech defects), and of these, 33 were still in attendance at the end of the year, 17 were discharged during the year, and 1 failed to continue attendance.
- "Of the 17 discharged, 8 were stammerers, and 9 were cases of speech defects. The results of treatment were as follows:—

Stammerers.		Speech Defects.	
Cured	6	Cured	5
Improved	2	Much Improved	4
(left school)			
			—
	8		9

- "Speech Disorders are often slow to show improvement—in cases of Stammering, because of the physical debility and nervous instability so frequently connected with this condition; in cases of Speech Defect proper, because in such forms as Cleft Palate speech, the child has to learn to compensate in as great a measure as possible for the organic deficiency.
- "Amongst the children who attended during the year physical debility was marked and 6 children were recommended for the Open Air School. At the same time it is to be noted that as a child progresses at the Speech Clinic and loses much of his anxiety tension the physical condition and general coordination thereby improve. This has been shown particularly in 3 cases.
- "As regards Speech Defects proper, i.e., not stammering, there are now 3 cases of Cleft Palate in regular attendance. These children will require speech re-education over a considerable period of time, and, therefore, it will not be possible at present to deal with as many new cases of other Speech defects, e.g., Dyslalias. Before any case is discharged as cured,

a satisfactory report of the child's speech at home and at school is obtained, and in addition to the Speech Therapist's recommendation, the child has to satisfy the School Medical Officer both in conversation and in reading that he is able to speak clearly and easily and without hesitation.

"All the children are seen at regular intervals during the year by the School Medical Officer, and the continued interest and co-operation of the Head Teachers and their Staffs is of great help to the Speech Therapist."

The practice of supplying cod liver oil emulsion free of charge to all the nursery classes in the schools has been continued. The emulsion is given daily to necessitous cases selected by the Head Teacher and to any other cases recommended by the School Nurse or Medical Officer. The scheme has once again proved a marked success.

Part of the cost of treatment provided at these various Clinics is recovered from the parents in accordance with the family circumstances. During the year ended 31st December, 1938, parents paid £151/13/9.

The question of special provision for the specially defective child is dealt with under the headings dealing with exceptional children.

DENTAL INSPECTION AND TREATMENT.

I am indebted to Mr. V. Higham, Senior Dental Surgeon, for the following notes on the work of the School Dental Department.

"During 1938, 18,248 elementary school children were inspected and 11,708 (59.7%) referred for treatment. 6,268 (57.5%) received treatment during the year and 5,094 were discharged cured. The attendances at the various clinics for treatment, namely, 10,790, show an increase of 1,329 as compared with the previous year.

"With regard to conservative treatment, more time has been devoted to the retention of permanent teeth, thus showing an increase of 749 permanent fillings. Temporary fillings, as their name implies, are temporary, and as a result prejudice arises against fillings generally, many parents not differentiating between the permanency of a filling inserted into a permanent tooth, and that of a filling inserted into a temporary tooth, which, in many instances, proves a last minute unavailing effort to retain the tooth to the limit of its temporary usefulness. Hence the filling of temporary teeth has been restricted to those teeth in which the filling can reasonably be expected to outlive the tooth.

"Under the heading "other operations" are included dressings, scalings, root and gum treatments, and orthodontia work.

"As regards Secondary Schools, the re-inspection of the Girls' Department of the Cowley School had to be cancelled owing to sickness of the staff. However, there has been a general increase in treatment necessitating an extra twelve sessions as compared with last year. 161 children were treated with an increase of 96 permanent fillings. There was a notable increase in the number of specials coming forward for treatment. These were, in the main, children attending the Convent and Catholic Grammar School, whose parents were anxious that the dental treatment received at the elementary school should still be continued.

"The children in attendance at the Open Air School were inspected and treated at the School twice during the year. At the first inspection 106 children were examined and 57 were referred for treatment. 54 accepted and made 77 attendances for treatment, 45 permanent fillings and 108 extractions being completed.

- "At the second inspection at that School 104 children were examined, 34 being referred for treatment. 33 accepted with 46 attendances, 23 fillings and 37 extractions being completed.
- "Detailed figures regarding inspection and treatment carried out by the Dental Surgeons are given in Table V for Elementary Schools and Table XII for Secondary Schools.
- "Our thanks are due to the teachers who have cordially co-operated with us during the past year in endeavouring to instil into the children under their care, and through them the parents, the advisability of taking advantage of the dental treatment offered through the medium of school dental inspection."

FOLLOWING-UP AND WORK OF SCHOOL NURSES.

As stated earlier in this report, six Health Visitors now devote their time to the supervision of the children in the schools, each nurse having control over a particular group of schools. The visits paid to homes, however, for purposes of following-up defects, etc., found in school, are still carried out by the Health Visitor of the district in which the child resides. The results and the reports of these visits are then passed on to the nurse in charge of the particular school.

The following figures give some idea of the work of the nurses during the year:—

Number of visits to schools for general supervisory
 purposes and for medical and verminous inspections 4,804

- Number of examinations of children for cleanliness 56,557 2.
- Number of visits paid to the homes of children in 3. following up defects, investigating cases of infectious disease, investigating cases referred by the School Attendance Department, etc.

8,943

In addition to the work of the nurses referred to above, special nurses are employed, at the School Clinic and District Clinics, who are wholly engaged treating or assisting in the treatment of various defects.

INFECTIOUS DISEASE.

The number of cases of the principal infectious diseases occurring amongst school children is shown in the following table, which also gives the corresponding figures since 1934.

			1934	1935	19 36	1937	19 38
~			400			400	
Scarlet Fever	• • •	• • •	182	374	394	488	396
Diphtheria	• • •	• • •	146	147	368	325	311
Measles	• • •	• • •	405	784	709	529	808
German Measles	• • •	• • •	59	6	2 2	13	26
Whooping Cough	• • •	• • •	95	409	28	357	188
Chicken Pox	• • •	• • •	371	228	226	501	246
Mumps	• • •	• • •	5 67	60	9 6	99	377

As may be seen the incidence of infectious disease shows that the year 1938 was not a healthy one. Although the total number of cases of scarlet fever and diphtheria showed a decrease from the previous year there was a persistent increase of infection. Fortunately this did not reach epidemic proportion at any period, nor was it confined to any geographical area, the incidence being uniform throughout all the schools of the town.

The response to appeals for the immunisation of children against diphtheria was more than disappointing. New measures were introduced during the year to bring home to parents the gravity of this problem, and in the case of children commencing school life, parents were specially circularised urging the value of protection against diphtheria, but the response was negligible. While the conquering of this apathy on the part of the parents is proving a hard and, as yet, fruitless task, no efforts are being spared to impress the urgency of this matter on the public mind.

Following on the winter of 1937 there was a continued incidence in the occurrence of epidemic catarrhal disease, i.e., measles and whooping cough, during the first four months of the year. The number of cases of measles particularly was very high in January, but a steady decline followed and the number of cases occurring during the remainder of the year was relatively very small in both these infections. Both diseases were of a comparatively mild type.

There were fewer cases of chicken pox during the year, but the number of cases of mumps was the highest since 1934.

During the year, in 8 school departments the percentage attendance fell below 60% owing to epidemic sickness. This was in February, April, June and December for a total period of eleven weeks. The attendances were affected, during these periods, by measles, chicken pox, scarlet fever, and whooping cough.

The minimum periods of exclusion of patients and contacts are shown in the adjoining Table.

TUBERCULOSIS.

The incidence of tuberculosis among children of school age was unchanged in 1938 for both the pulmonary and non-pulmonary types of the disease. The number of notifications received was 4 of the former and 19 of the latter, these figures being identical with those of the previous year.

EXCLUSION OF CHILDREN SUFFERING FROM INFECTIOUS DISEASES OR COMING FROM AN INFECTED HOUSE. (Revised April, 1934).

	Exclusion of other children in the house.	Period of exclusion	Until two successive negative swabs have been obtained from the nose and throat and not less than ten days from date of disinfection of premises, either after removal of patient to hospital, or in the case of patients treated at home release from isolation.	Until not less than seven days after disinfection of premises.	Sixteen days from appearance of rash of last case in house.	Three weeks from date of contact with patient with rash.	Three weeks from date of last case in house.		Three weeks from date of last exposure to infection.	Sixteen days from date of last exposure to infection.
	Exclusion o	Children involved	Exclude—all children	Exclude—all children	Exclude (1) All children under 7 years of age. (2) all other children who have not had the disease	Exclude—as in Measles	Exclude (1) all children under 7 years of age; (2) children age 7 to 10 years who have not had the disease.	Exclude none	Exclude—as in Measles	Exclude—Unvaccinated children only.
(Revised April, 1954).	Exclusion of Patient	Period of Exclusion	Until two successive negative swabs have been obtained from nose and throat and not less than fourteen days after discharge from hospital or release from isolation.	Until not less than fourteen days after discharge from hospital or release from isolation. Isolate one month at least and until child is free from all discharges.	Three weeks from date of appearance of rash	One week from date of appearance of rash	weeks from	Until one week after subsidence of swelling	Until all scabs have fallen off and not less than three weeks from commencement of illness	Until all scabs and "seeds" have disappeared and not less than six weeks from commencement of illness
	Incuba-	tion Period	2—10 days	1—8 days	7—14 days	5—21 davs	6—18 days	12—23 davs	11—21 days	10—14 days, usually 12
		DISEASE	DIPHTHERIA	SCARLET FEVER	MEASLES	GERMAN MEASLES	WHOOPING COUGH	MUMPS	CHICKEN POX	SMALL POX

At the end of 1938 there were in St. Helens 131 children of school age suffering from tuberculosis. These may be classified from the point of view of localisation of the disease as follows:

Pulmonary	24
Non-pulmonary :—	
Bones and Joints	21
Peripheral Glands	56
Abdominal	24
Skin and others	6
•	
	131

Many of the cases, however, were quiescent and only 3 pulmonary and 20 non-pulmonary cases were in need of active treatment.

Of the 3 cases of active pulmonary tuberculosis on the records at the end of the year, 1 was receiving treatment at Eccleston Hall Sanatorium and the remaining 2 were receiving domiciliary treatment.

Doubtful cases found by the School Medical Officers are referred to the Tuberculosis Officer as occasion requires, and during the year 43 such cases were specially examined by him. Of these, 1 was definitely diagnosed as suffering from tuberculosis of the lung, 9 were found to have non-pulmonary tuberculosis, 30 cases were found to be non-tuberculous, and 3 cases were still under observation at the end of the year. The supervision of all cases is carried out at the Tuberculosis Dispensary. By arrangement with the Tuberculosis Department all children of school age who are contacts of cases of pulmonary tuberculosis are notified to the School Medical Department and are kept under observation by that Department.

Out-patient treatment for children suffering from tuberculous disease of bones or joints is provided at the Council's Orthopaedic Clinic, where 34 children made 38 attendances to see the Orthopaedic

Surgeon, and 371 attendances for supervision and treatment by the Orthopaedic Nurse. In addition, 22 children suffering from lupus or tuberculous adenitis made 293 attendances at the Tuberculosis Dispensary for X-ray therapy. One child with lupus of the face attended the Belmont Road Hospital, Liverpool, by arrangement with the Liverpool Public Health Department, for intensive ultra violet light treatment, with eminently satisfactory results.

Eccleston Hall Sanatorium provides beds for observation and treatment of children in-patients. During 1938, 22 children spent an aggregate of 4,032 days in the Sanatorium. These children received tuition at the special school attached to the Sanatorium, the average daily attendance being 13 and the average number of days each child attended 130.

Accommodation is also reserved for the in-patient treatment of children suffering from surgical tuberculosis at other hospitals outside St. Helens. At the Leasowe Open Air Hospital for Children, 9 patients spent an aggregate of 1,877 days. Beds are also available as necessary at the City and Heswall branches of the Royal Liverpool Children's Hospital.

EXCEPTIONAL CHILDREN.

Crippled Children.

At the end of 1938 there were in St. Helens 54 children of school age in whom the crippling was sufficiently severe to interfere with a normal mode of life. This represents an increase for the first time for several years, and is accounted for chiefly by a considerable increase in the number of cases suffering from congenital deformities which, when severe, are usually very unresponsive to treatment.

The following Table shows the number of severely crippled children in St. Helens at the end of each year since 1934 and the causes of the crippling.

	1934	1935	1936	1937	1938
Tuberculosis Infantile Paralysis Other forms of Paralysis Congenital Deformities Rickets Arthritis	10 28 20 9 3 2	7 19 14 5 3 6	4 17 13 3 4 3 8	7 17 11 4 2 2	11 15 10 11 2 -
	84	57	52	48	 54

Of the 54 children known at the end of 1938, 3 were at Certified Special Schools, 37 were attending Public Elementary Schools, 6 were in Institutions and 8 were at no school or institution. Efforts to secure vocational training for a larger number of these children are being maintained in order to secure for them the ability to become self-supporting in adult life.

There are, however, many other children with lesser degrees of crippling, so that excluding tuberculous cases which are dealt with under Tuberculosis, the number on the register of the Orthopaedic Clinic was much higher, there being 614 cases suffering from the following defects on that register during the year:

	_		
Infantile paralysis	•••••		56
Other forms of paralysis		•••••	47
Congenital deformities			52
Rickets	•••••		44
Traumatism			
Acquired foot deformities	*****		152
Postural defects	*****		198

Arthritis	•••••	*****	7
Miscellaneous			

These figures show a sharp increase in 1938 in cases of Rickets, after a progressive decrease for 6 years. Postural defects and acquired foot deformities again form the largest individual groups. These are treated in large classes and are supervised at special clinics for such defects.

The treatment provided for crippled children involved 826 attendances for consultation or treatment by the Orthopaedic Surgeon, 5,684 attendances for intermediate treatment by the nurse and 109 home visits by the nurse for purposes of supervision. In addition, 27 cases received surgical or other hospital treatment for an aggregate of 1,871 days.

In addition to the crippled children there are in St. Helens 19 children with heart disease of such severity that they are physically crippled. 13 of these attend public elementary schools, 1 attends the Open Air School and 5 are at no school.

Delicate Children.

The following is a statement of the work done at the Hamblett Open Air School during 1938.

At the beginning of the year there were 119 children on the roll. During the year 73 children were discharged and 74 new cases were admitted. The condition of the children discharged was as follows:—

Considered to be fit to return to elementary schools	61
Left to take up employment	4
Admitted for treatment to Eccleston Hall Sanatorium	1
Admitted for treatment to Whiston Hospital	1
Discharged, condition unimproved	3
Discharged at parents' request (condition unimproved)	1
Discharged for non-attendance (condition unimproved)	1
Discharged as unsuitable for further attendance	1

In the majority of cases, therefore, the results of treatment were very satisfactory. Conformation to the routine of the school with its basic regime of a balanced wholesome dietary, open air instruction and hygiene, together with carefully adjusted rest periods, have produced their good effects on the children. Yet there are a certain number of cases in which the good work done in the school is speedily undone in the home, due to lack of co-operation on the part of uninterested parents. Fatigue, due to late bed-time hours, and general neglect due to lack of home care and attention, are all too obvious in these cases: Daily attendance at the school can do no more for these children than preserve a slight balance on the right side between good health and ill-health. This is a problem with which the resources of a day school are powerless to cope.

The percentage attendance at the school during the year was 87.51.

The average gain in weight is given in the Table below.

				7—9 yrs.	10-12 yrs.	13 yrs.
Girls	*****	*****		3.25 ozs.	3.1 ozs.	3.4 ozs.
Boys	*****		*****	2.98 ozs.	3.31 ozs.	2.9 ozs.

Blind, Deaf and Epileptic Children.

The total number of these children is given in Table III. During the year 2 deaf and 3 blind children were sent to special residential schools, and the Local Authority is at present maintaining 1 epileptic, 8 blind, and 13 deaf and dumb children in these special schools.

The classroom to accommodate the special sight-saving class has now been completed at the Hamblett Open Air School. At present, consideration is still being given as to the best type of equipment for the specialised work required.

Mentally Defective Children.

There are at present 34 feeble-minded but educable children of school age in St. Helens, but only 9 of these are at special schools. Of the remainder, 19 attend ordinary classes in the public elementary schools, 5 are at no school or institution, and 1 attends the occupational centre conducted by the Local Council of Social Service for Mental Welfare.

During the year 6 imbeciles (4 boys and 2 girls) were notified to the Local Control Authority. 4 mentally defective feeble-minded boys were discharged from residential schools during the year. One of these boys was considered to be in need of further institutional care and was notified to the Local Control Authority.

Arrangements are still in force with the Liverpool and District Child Guidance Council and Clinic for the reference to them for report on and, if necessary, supervision of, "difficult" children, i.e., those presenting psychological problems as distinct from mental deficiency. This has been found of great assistance during the year.

After Care and Vocational Training.

During 1938, 1 part-blind girl, 2 deaf girls, and 4 mentally defective (feeble-minded) boys returned home on completing their education in special schools. The part-blind girl is now at home under the supervision of the District Society for the Welfare of the Blind, one deaf girl has been sent to a residential school for vocational training in laundry work and, in the case of the other, steps are being taken during the current year to secure suitable vocational training.

Two of the four mentally deficient boys are at home. One boy is in employment, and the other has been sent for further institutional care to Lisieux Hall, Chorley. At the end of the year one blind boy was undergoing vocational training at Fulwood Home, Preston.

The problem of placing these children in suitable occupations, after discharge from special schools, is one which is constantly before the After Care Committee. Thanks to the work of the appropriate local voluntary associations and their representatives on the After Care Committee, employment is in some cases found for these children.

NURSERY CLASSES.

There are, as yet, no Nursery Schools in St. Helens, but Nursery Classes exist in 21 Infants' Departments of Public Elementary Schools, with approximately 640 children attending these classes.

The additional medical supervision in these classes which was introduced some years ago is still carried out. The nursery class children are inspected annually from the year of entry until they attain the age of five years. This forms an effective link between the medical supervision provided by the Toddler Clinic scheme and the School Medical Service, and provides an opportunity for the discovery and correction of minor defects prior to the child's official entry into school life at the age of five years.

The provision of Cod Liver Oil Emulsion daily to nursery class children has now become an integral part of the scheme and is still proving a success. By means of this weakly and delicate children receive a daily dose of Cod Liver Oil Emulsion which they would otherwise not obtain, and this undoubtedly offers them a protection against the catarrhal diseases so frequently epidemic in schools during the winter months.

JUNIOR INSTRUCTION CENTRES.

Medical Inspection.

During 1938, the scheme for the medical inspection of juveniles attending Junior Instruction Centres was in full operation. The

scheme comprised the following features:-

- (1) A medical inspection once yearly of all juveniles attending thee Cntres.
- (2) A revisit once monthly to the Centres for:—
 - (a) Re-examination of juveniles found defective at the annual inspection.
 - (b) Examination of cases specially referred by the Superintendents of the Centres, and examination of new juveniles enrolled at the Centres since the previous visit.
 - (c) Selection and regular survey of cases for whom milk should be provided as medical treatment.

Findings of Medical Inspection.

During the year, 553 girls and 578 boys were examined, and Table C shows the incidence of medical defects found. In most categories the incidence of defects did not vary greatly from the findings in elementary schools. There was, however, a very high number of visual defects which required to be kept under observation. These are cases who have received glasses during their school life for the correction of the defect and who ought to continue wearing the glasses after leaving school, but the majority of these boys and girls are consistent in their refusal to do so. Even in the cases referred for Ophthalmic treatment only a small portion could be persuaded to attend the clinic.

Although no independent dental inspections were held in the Centres, a dental examination is incorporated by the Medical Officers in their routine medical inspections. It is pleasing to record that the dental standard, particularly in those children who have recently left school, is very high. Undoubtedly in the older age groups, 16 to 18 years, deterioration does commence, and this too frequently has been found to be due to a lack of personal dental hygiene.

TABLE C.

INCIDENCE OF MEDICAL DEFECTS.

Junior Instruction Centres.

		Routine	Inspections.	
	No. of	Incidence	No. of	Incidence
	defects	per	defects	per
	requiring	1,000	requiring	1,000
	treatment	Inspections	observation	Inspections
C1: 1:	2	1.0		
Skin diseases	91	1.8 80.5	80	70.7
	3	2.7	5	4.4
Squint	4	3.5	,	8.0
Other eye diseases	4	ر,ر	9 2 9	1.8
Defects of hearing		3.5	0	8.0
Otitis Media	4 2	1.8	55	48.6
Chronic tonsilitis	2	1.0)) 1	0.9
Adenoids	_	_	1	1.8
Adenoids and chronic tonsilitis		_	2 4	
Other Nose and Throat defects		_	1 4	3.5
Defect of speech	_	_	27	1.8
Organic heart disease			21	23.9
Pulmonary Tuberculosis—				
(a) Definite		_		
(b) Suspected				0.9
Non-Pulmonary Tuberculosis	_		1	
Epilepsy				0.9
Chorea		0.9	7	6.2
Other nervous conditions	_	_	/	0.2
Deformities—				
Rickets	_		_	_
Spinal Curvature		0.9		24.5
Other Forms	8	7.1	39	34.5

During the year particular attention was paid to the problem of malnutrition amongst these juveniles. The nutritional classification of boys and girls is seen in the following statement, which, in addition to showing the percentages for both sexes together (with corresponding percentages for elementary schools in brackets) gives the percentage under each classification for the boys and girls separately.

	A.		В.		С		D.	
Number Inspected	(Ex	cellent)	1)	Normal)		lightly normal)	(Bad)
Inspected.		_ %	No.	%	No.	%	No.	%
Boys and Girls 1131	66	5.84 (2.87)	826	73.03 (86.94)	217	19.19 (9.79)	22	1.94 (0.40)
Boys 578	15	2.59	363	62.80	178	30.80	22	3.81
Girls 553	51	9.22	463	83.73	39	7.05	-	

Once again a poorer nutritional standard was found amongst the boys as compared with the girls. A follow up of all cases of malnutrition was carried out during the year in order to ascertain the results of the free milk and meals scheme. The findings are discussed in the section dealing with the provision of treatment.

During the inspections the classification recommended by the Chief Medical Officer of the Board of Education with regard to suitability for entering special employment was adopted, and the result of such classification is as follows:—

Number of Juveniles examined		*****	Boys 578	Girls 553
(1) Suitable for any type of employment	****	*****	320	125
(2) Unsuitable for employment involving:				
(a) Severe manual work	*****	*****	173	367
(b) Sedentary work	•••••	*****		december 1
(c) Exposure to bad weather	*****	*****	12	10
(d) Work in a dusty atmosphere		•••••	5	8
(e) Work in a damp atmosphere	*****	*****	11	1
(f) Work near moving machinery	•••••	*****	16	42
(g) Prolonged standing	*****	•••••	32	252
(h) Work causing eyestrain	*****	*****	88	130
(i) Work requiring acute distant vision	on	•••••	9	129
(j) Work requiring acute hearing	*****			21
(k) Work requiring manipulative skill	*****	*****		1

It should be noted, however, that some of the boys and girls appear more than once in these classifications according as they may be unsuitable for one, two or more types of employment.

Provision for Treatment.

With regard to treatment, all the facilities available for children attending Public Elementary Schools are available for these juveniles, but those who are entitled to treatment under the National Health Insurance Scheme are expected to obtain treatment under that scheme. Treatment for minor ailments, dental and ophthalmic defects, etc., are now fully supplied to those consenting. Cases requiring extra nourishment are recommended for milk or meals.

The total number of defects treated at the various clinics during 1938 is shown in the following statement:—

					Boys	Girls
Minor ailments			*****	*****	43	8
Visual defects		*****	*****	*****	17	11
Aural defects		•••••	*****		6	4
Throat and nos		efects		•••••	1	
Crippling defec		*****	*****	•••••	2	
Dental defects	•••••	*****	*****	•••••	30	29
Other defects	•••••			*****	11	17
Total	•••••	*****	*****	*****	110	69

The outstanding feature of 1938 was the commencement in March of the scheme for the provision of free meals at the Centres for boys and girls. This led to an almost immediate improvement in the nutritional standard. At the medical inspection early in the year all were classified according to their nutritional condition at that date. Later in the year it was found possible to re-examine many of these cases after they had been receiving free meals at the Centres and the following statement shows the great improvement that had occurred in the interval.

	1	Boys	Girls
Classed at medical inspection as Malnutrition			
(Classes C and D)	******	200	39
Classed as normal on re-examination	•••••	13 (6.5%)	1 (2.5%)
Classed as improved on re-examination	•••••	50 (25%)	
Classed as unimproved on re-examination		4/ (23.5%)	14 (35.9%)

Of the remainder, 32 boys and 7 girls left the Centres after only a short period of inconclusive treatment from which results could not be obtained, and 58 boys and 12 girls were seen only on one occasion at the routine inspection and were never again present for re-examination. It may be remarked also that in the category above classed as unimproved, not all these children were obtaining milk or meals.

In carrying out the work the whole-hearted co-operation and the willing assistance shown by the Superintendents of the three centres has been invaluable in overcoming difficulties.

PHYSICAL TRAINING.

I am indebted to Mr. H. A. Lonie, Director of Education, for the following notes on Physical Training.

"Schools.

"Further progress has been made in the direction of ensuring that each child shall participate daily in a period of physical activity. The fact that in recent months more and more children have been enabled to obtain suitable footwear for physical exercises, has already resulted in an improvement in the standard of work attained. It is pleasing to note that, where provision of uniform has not yet been possible, children are being encouraged to exercise in the minimum of clothing, a fact which helps to ensure cleanliness and the inculcation of healthy habits.

"Fully-equipped gymnasia have been opened during the past year at the Grange Park Council Senior Schools and at the Rivington Road Council Senior Schools. These gymnasia are designed on the most modern plans and are provided with shower baths, changing and storage rooms.

- "Several successful teachers' courses have been held during the year, namely:—
 - (a) A Course for Women Teachers in Junior Schools during the Easter Term;
 - (b) A Course in Organised Games for Women Teachers during the Summer Term; and
 - (c) A Course for Men Teachers in Evening Institutes during the Summer Term.

A number of teachers also have availed themselves of the Committee's help in attending Vacation Courses during the Summer and at Easter, while three attended special three month courses to prepare them for specialist work in Senior Schools.

"Playing Fields.

"The pavilion on the Bishop Road Playing Field is now completed and was formally opened by Lord Cozens Hardy at the end of October. Draining and levelling of the ground will shortly be in progress, and when this is completed the Borough will possess an ideally equipped schools' Playing Field.

"The field adjacent to the Rivington Road Council School has already been levelled and seeded, and this, together with the fact that a new field is now available adjoining the Grange Park Council School, means that the position with regard to Playing Fields is gradually improving.

"A scheme is in process of preparation to ensure that when all the fields are ready for use, they will be maintained in a condition suitable for Organised Games lessons and for school matches.

"Junior Instruction Centres.

"Both in the Boys' and Girls' Centres satisfactory progress continues to be made. In the Girls' Centre the use of the gymnasium has greatly facilitated the arrangement for all Physical Training work. A pleasing feature of the work done in the Boys' Centres is the enthusiasm which has been aroused for Outdoor Games and Athletics.

"Evening Institutes.

"The problem of obtaining the services of teachers specially qualified to take the recreative type of work suitable for Evening Institute students is an ever present one. In the cases where such teachers have been available in the past, satisfactory results have been obtained. Fortunately, this year, a slightly larger number of such teachers have presented themselves for service and, as a result, work has improved generally.

"Further, the work has benefited considerably by the new gymnasia and better conditions mentioned above.

"Swimming.

"Although the Borough is still urgently in need of a Bath to be used solely by school children, swimming continues to take its place as an integral part of Physical Training."

BATHS.

The Parr Central Council School, the Grange Park Council Senior School, the Windle Pilkington Council School, and the Parr Flat Council Junior School are the only elementary schools equipped with baths. These are utilised to the utmost capacity.

Weekly spray baths are a routine feature of treatment at the Hamblett Open Air School.

Arrangements are also in force by which school children have the use of the small plunge bath at the Public Baths in Boundary Road for swimming on seven half days per week.

PROVISION OF MEALS.

During the past year the School Meals Service has been completely reorganised, under the direction of the newly appointed Organiser of Domestic Science and Superintendent of School Meals Centres. One new Centre has been opened at Grange Park Senior School in place of the Centre at Thatto Heath. Apart from this, no changes in the accommodation provided have been made. Three of the Centres serve meals on seven days per week, and nine on five days per week. Tablecloths and cutlery have been provided and chairs are gradually replacing the forms previously used.

The dietary has been changed and a fortnightly rota of dinners instituted, each forming dietetically a well balanced meal. following are examples of the dinners provided:-

First Day: Hot Pot; brussels sprouts or cabbage; apples and custard.

Roast meat and potatoes; baked potatoes; Second Day: peas; fresh fruit raw.

Liver and bacon; mashed potatoes; boiled Third Day: onions with brown gravy; steamed fruit or syrup pudding.

Roast mutton and potatoes (baked); green Fourth Day: vegetables; milk pudding with stewed dried fruit.

Vegetable pie; baked jam roll. Fifth Day:

Baked meat roll; greens and potatoes; fresh Sixth Day: raw fruit.

Seventh Day: Cold meat with beetroot or salad; potatoes; steamed chocolate pudding.

Breakfasts consist of porridge or fresh fruit, with bread, butter, jam or marmalade, and cocoa alternating with milk to drink.

Dinners are now also served at the three Junior Instruction Centres in the town; this area being the first in the country to take advantage of the powers given by the Unemployment Insurance Act, 1938. Marked improvement in the physique of those taking these meals can be reported.

The teachers in those schools to which a Meals Centre is attached have been good enough to assist in the necessary supervision. The work has been carried out entirely voluntarily and this opportunity is taken of thanking the teachers for their co-operation. The Meals Centres not only help to remedy malnutrition but are invaluable aids in social education.

The total number of meals served during the year is 598,260, of which 596,969 were provided free. The total number of individual children receiving meals was 1,400, an increase of 168 on the figure for last year.

The milk-in-schools scheme has been administered on a voluntary basis, as in previous years. During 1938, 71 departments took advantage of the scheme, and on an average 8,200 children were daily supplied with a milk ration.

CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

Once again tribute must be paid to the help given by the teachers in the work done amongst school children. Particular thanks are due to the Head Masters and Head Mistresses of the schools who supplied so much information and help during the nutritional survey which was carried out during the year.

Close co-operation is also maintained with the School Attendance Department, which referred 1,008 cases to the School Medical Officer for special investigation during the year.

CO-OPERATION WITH VOLUNTARY BODIES.

Once again during the year invaluable aid was rendered to the School Medical Service by the St. Helens Crippled and Invalid Children's Aid Society. Through their agency aids were given to cripple children and periods of convalescence were arranged for weakly and debilitated children at the Southport Home. The N.S.P.C.C. has given great assistance in dealing with difficult cases. The St. Helens Police clothing fund for destitute children has been a great help in needy cases, and the St. Helens and District Society for the Welfare of the Blind has rendered assistance in dealing with blind children. The help given by all these organisations has proved of the greatest value.

STATISTICAL TABLES.

FOR THE YEAR 1938.

ELEMENTARY SCHOOLS—Tables I to VII.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A-ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:

Number	of Inspect	ions in t	ne pre	scribec	Grou	ps:			
	Entrants	•••••		*****	•••••	*****	*****	*****	1773
	Second A	ge Grou	р		*****	******	******	*****	1799
	Third Age	Group			*****	*** ***	•••••	*****	2012
	of other R ildren und				entra	nts)	*****	*****	405
	-	Total	******	*****	*****	******	900000	******	59 89
									-
		В—ОТ	THER	INSP	ECTI(ONS.			
Number	of Special	Inspect	ions	*****	*****	*****	*****	•••••	5856
Number	of Re-Insp	pections	*****	*****	*****	******	******	*****	10724
		Total	*****	******	******	*****	*****	100000	16580

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine* Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total.
(1)	(2)	(3)	(4)
Entrants	4 62 81	148 79 140	152 133 214
Total (Prescribed Groups) Other Routine Inspections	147 2	367 32	499 34
GRAND TOTAL	149	399	533

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1938.

	Routine In	spections	Special Ir	nspections
	No. of I	Defects	No. of I	Defects.
DEFECT OR DISEASE	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Ringworm—Scalp Body Scabies Impetigo Other Diseases (Non-Tuber-	- 1 2 17 .	 	5 33 1082	
Culous) Blepharitis Conjunctivitis Keratitis Corneal Opacities Other Conditions (Excluding Defective Vision and Squint) Defective Vision (excluding	4 44 3 — 2	6 - - - 2	191 344 88 — 22 31	15 — — — 8
Squint) Squint Defective Hearing Otitis Media Other Ear Diseases Chronic Tonsilitis only	149 52 2 15 15	375 131 9 25 4 242	332 71 27 206 165 150	840 296 10 16 26 249
Nose Adenoids only Chronic Tonsilitis & Adenoids Throat Chronic Tonsilitis & Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tuberculous) DEFECTIVE SPEECH HEART AND (Heart Disease —Organic	17 19	1 25 54 172 42 16	11 40 108 47 29	16 77 80 142 112 47
CIRCULA- TION Anæmia Other Non-Tuberculous Diseases Pulmonary—Definite Suspected THEART AND Functional Functional Functional Functional Functional Functional Functional Suspected Functional Functional Functional Functional Suspected Functional Functional Suspected	27 42 —	88 42 70 3 4	5 136 177 16 1	123 109 111 18 16
TUBERCULOSIS Non-Pulm.—Glands Bones and Joints Skin Other Forms	- - -	12 5 - 9 4	5 2 1 3	39 8 1 10 2 18
NERVOUS SYSTEM Chorea Other Conditions Rickets Spinal Curvature	1 3 - 78	4 8 6 1	13 38 3 2	18 38 9 1 282
Other Forms OTHER DEFECTS AND DISEASES (excluding Defects of Nutrition, Uncleanliness & Dental Diseases).	6	46	243	119
Total Number of Defects	582	1537	3745	2839

B.—Classification of the Nutrition of Children inspected during the year in the Routine Age Groups.

A C	Number of Children	(exce		E (Nor		(Slig Sub-N	htly	[B) ad)
Age-Groups	inspected	No.	%	No.	%	No.	%	No.	%
1937 Entrants Second Age Group Third Age Group Other Routine Inspections	1653 1809 1910 366	55 65 15	3.33 3.59 0.78 2.73	1569 1670 1832 351	94.92 92.32 95.92 95.90	28 70 62 5	1.69 3.87 3.25	1 4 1	0.06 0.22 0.05
TOTAL	5738	145	2.53	5422	94.49	165	2.87	6	0.10
1938 Entrants Second Age Group Third Age Group Other Routine Inspections	2012	73 60 24	4.12 3.34 1.19 3.70	1610 1563 1660	90.81 86.88 82.50 92.35	85 170 315	4.79 9.45 15.66 3.95	5 6 13	0.28 0.33 0.65
TOTAL	5989	172	2.87	5207	86.94	586	9.79	24	0.40

TABLE III.

Return of all Exceptional Children in the Area on the 31st December, 1938.

BLIND CHILDREN.

(Children who are so blind that they can only be appropriately taught in a school for blind children).

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
7	-	_	1	8

PARTIALLY SIGHTED CHILDREN.

(Children who, though they cannot read ordinary school books or cannot read them (even with suitable glasses) without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially blind).

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
		10	1	1	12

DEAF CHILDREN.

(Children who are too deaf to be taught in a class of hearing children in an elementary school, and are so deaf that they can only be appropriately taught in a school for the deaf).

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
13	1	_	-	14

PARTIALLY DEAF CHILDREN.

(Children who can be appropriately taught in a school for the partially deaf).

At Certified Schools for the Deaf	At Certified Schools for the partially deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
_	_	2			2

MENTALLY DEFECTIVE CHILDREN.

(Children (excluding children notified to the Local Authority under the Mental Deficiency Act) who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children).

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
9	19	1	5	34

EPILEPTIC CHILDREN.

(Children suffering from Severe Epilepsy, who, not being idiots or imbeciles are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	1		3	5

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

(Children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere).

I.—Children Suffering from Pulmonary Tuberculosis.

(including pleura and intra-thoracic glands)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
_	_	*1	2	3

^{*}At Eccleston Hall Sanatorium School.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
4	13	*2	1	20

^{*} At Eccleston Hall Sanatorium School.

B.—DELICATE CHILDREN.

(Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
117	101	_	_	218

C.—CRIPPLED CHILDREN.

(Children (other than those diagnosed as tuberculous and in need of treatment for that disease) suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life).

At Certified Special Schools	Special Elementary		At no School or Institution	Total
3	37	6	8	54

D.—CHILDREN WITH HEART DISEASE.

(Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School).

At Certified Special Schools	Special Elementary		At no School or Institution	Total	
1	13	_	5	19	

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

(Children suffering from any combination of the following types of defect:—Blindness (not Partial Blindness), Deafness (not Partial Deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in Section C. of this Table), Heart Disease).

	Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
	Blind and Deaf	1	_	_		1
ŀ	Blind, Crippled and Feeble-minded	_	_		2	2
	Feeble-minded and Epilepsy Feeble-minded		_	1	3	4 .
	and Crippled	annage.	_		4	4
İ	Blind and Epilepsy	_	- Annancing	_	1	1
-	Total	1		1	10	12

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1938.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI).

			Defects treate	
DISEASE OR DEFECT	Number of Defects referred for Treatment	Under the Authority's Scheme	Otherwise	Total
SKIN—Ringworm, Scalp— (i) X-Ray Treatment (ii) Others Ringworm, Body Scabies Impetigo Other skin disease MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II)	534			— 6 35 1096 195
Minor Ear Defects	430	372	31	403
(e.g., minor injuries, bruises, sores, chilblains, etc.)	1153	1145	6	1151
Total	3452	3280	114	3394

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

		No. C	F DEFECTS	DEALT WIT	гн.
DEFECT OR DISEASE	Number of Defects referred for Treatment	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise	Tota!
Errors of Refraction (including Squint) Other Defect or Disease of the Eyes	604	520	27	10	557
(excluding those recorded in Group 1)		_	_	_	_
Total	604	520	27	10	557

Total number of	of children for whom spectacles we	re pre	scribed-					
(a)	Under the Authority's Scheme	•••	• • •	•••	•••	•••	•••	437
(b)	Otherwise	•••	• • •	•••	•••	• • •	•••	22
Total number	of children who obtained or receiv	ed spe	ectacles-					
(a)	Under the Authority's Scheme	•••	•••	•••	•••	• • •	• •	435
(b)	Otherwise	• • •	• • •		••	•••		22

Group III.—Treatment of Defects of Nose and Throat.

D						1 0				of D		s.			
	Referred for treatment	1	Autho	er the prity's me in		I	By Private Practitioner or Hospital apart from the Authority's Scheme				Received other forms of treat- ment.	Total number treated			
		(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
	399	13	2	233	18	7	—	15	2	20	2	248	20	59	349

- (i) Tonsils only.
- (ii) Adenoids only.
- (iii) Tonsils and adenoids.
- (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Number of children treated.									
Under th	ne Authority's	Scheme		Otherwise						
Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Total				
13	19	583	_	_	11	594				

TABLE V.

Dental Inspection and Treatment.

(1) Number of Children who were:— (a) Inspected by the Dentist: Aged: (3— 527)	(2) Half-days devoted to :— Inspection 150 Treatment 1127 Total 1277
4—1104 5—1842 6—1672	(3) Attendances made by children for treatment 10790
Routine Age 10—1817 Total 18248	(4) Fillings:— Permanent teeth 4926 \ Temporary teeth 251 \Total 5177
Groups 11—1789 12—1806 13—1672 14— 463	(5) Extractions:— Permanent teeth 3392 Temporary teeth 11867 Total 15259
15— 87 16— 10 Specials 188	(6) Administrations of general anæsthetics for extractions 2118
Grand Total 18436	(7) Other Operations :—
(b) Found to require treatment 10898 (c) Actually treated 6268	Permanent teeth 639 \ Temporary teeth 35 \int Total 674

Note:—In addition to the above inspections, 9409 children were re-inspected during the year.

TABLE VI.
Uncleanliness and Verminous Conditions.

\		
(i.)	Average number of visits per school made during the year by the School Nurses	60
(ii.)	Total number of examinations of children in the Schools by School Nurses	55561
(iii.)	Number of individual children found unclean	1441
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	panerup
(v.)	Number of cases in which legal proceedings were taken: (a) Under the Education Act, 1921 (b) Under School Attendance Byelaws	Nil Nil

TABLE VII.

Summary of Treatment of Defects.

	N	JMBER OF I	DEFECTS		
DISEASE OR DEFECT		Treated			
DISEASE OR DEFECT	Referred for Treatment	Under local Education Authority's Scheme	Otherwise	Total	
Minor Ailments Visual Defects Defects of Throat and Nose Dental Defects { Referred by Dentist } , by School M.O. Other Defects	3452 604 339 10898 16 1025	3280 520 302 6268 3 817	114 37 47 126 7 114	3394 557 349 6394 10 931	
Total	16394	11190	445	11635	

SECONDARY SCHOOLS-Tables VIII to XIV.

TABLE VIII.

RETURN OF MEDICAL INSPECTIONS.

A-ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—		
Age 4 — 8 Age 12		154
5 - 16		175
6 — 19		149
7 — 29	_	128
8 — 24		69
9 — 56 ·		43
10 — 34		14
11 — 78	_	
Total		996
B.—OTHER INSPECTIONS.		
Number of Special Inspections	***	163
Number of Re-inspections	•••	274
Total	•••	437

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table IX A.	Total.
(1)	(2)	(3)	(4)
All Ages	32	31	63

TABLE IX.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1938.

		Routine I	nepections	Special I-	aspections
		No. of		No. of I	
DEFECT (OR DISEASE	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
(1)	(2)	(3)	(4)	(5)
SKIN Scabie Impet	vorm—Scalp Body es igo Diseases (Non-Tuber-	_ _ _		_ 1 _ _	
EYE Steph	culous) aritis unctivitis	- 4 - - - 32	155	1 - - - - - 25	- - - - - 49
EAR Otitis Other Chron		1 3 5	1 3 61 —		2 27 -
THROAT Other ENLARGED CERVICAL DEFECTIVE SPEECH HEART & Heart CIRCULA- TION Anæn	Conditions lous) lous)	- 1 - - -	30 1 2 27 23 1	1 - - - 4 -	1 6 3 2 15 5
Tuber- { Non-I	Non. T.B. Diseases onary—Definite Suspected Pulm.—Glands Bones and Joints Skin Other Forms	— — — —	4 1	 	2 - 1 -
DEFORM- Spinal Other OTHER DEFECTS AND (excluding Defects of	conditions Conditions I Curvature Forms	- - - - 6 -	- 1 - 35 2	- - 1 - 3 3	
Total Number	of Defects	52	348	40	125

B.—Classification of the Nutrition of Children inspected during the year.

Number of Children Inspected	(Exce	A. (Excellent)		mal)	C. (Slightly Sub-normal)		D. (Baď)	
	No.	%	No.	%	No.	%	No.	%
996	98	9.84	893	89.66	5	0.50	_	

TABLE X.

Return of all Exceptional Children in the area on the 31st December, 1938.

(NOTE:—The definitions for the purposes of this Table are the same as those shown in Table III of the statistics for Elementary Schools).

BLIND CHILDREN.

Nil.

PARTIALLY SIGHTED CHILDREN.

Nil.

DEAF CHILDREN.

Nil.

PARTIALLY DEAF CHILDREN.

Nil.

MENTALLY DEFECTIVE CHILDREN.

Nil.

EPILEPTIC CHILDREN.

Nil.

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—Children Suffering from Pulmonary Tuberculosis. Nil.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified	At Secondary	At other	At no School	Total
Special Schools	Schools	Institutions	or Institution	
		_	_	

B. DELICATE CHILDREN.

At Certified	At Secondary	At other	At no School	Total
Special Schools	Schools	Institutions	or Institution	
_	1	_	_	1

C. CRIPPLED CHILDREN.

At Certified	At Secondary	At other	At no School	Total
Special Schools	Schools	Institutions	or Institution	
_			1	1

D. CHILDREN WITH HEART DISEASE.

At Certified	At Secondary	At other	At no School	Total
Special Schools	Schools	Institutions	or Institution	
-		_		

TABLE XI.

Return of Defects Treated during the Year ended 31st December, 1938.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table XIII).

			Defects treate	
DISEASE OR DEFECT (1)	Number of Defects referred for Treatment (2)	Under the Authority's Scheme (3)	Otherwise (4)	Total
SKIN—Ringworm, Scalp— (i) X-Ray Treatment (ii) Others Ringworm, Body Scabies Impetigo Other Skin Disease MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II) MINOR EAR DEFECTS MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chilblains, etc.)	- - - - 1	- - - - -	4 3	- 1 - 1 4 3
Total	10	2	7	9

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments-Group I).

		No.	OF DEFECTS	DEALT W	ІТН.
DEFECT OR DISEASE (1)	Number of Defects referred for Treatment	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (4)	Otherwise (5)	Total
Errors of Refraction (including Squint)	57	38	11	_	49
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	_		_	_	-
Total	57	38	11		49
Total number of children for whom (a) Under the Authority's (b) Otherwise Total number of children who obta (a) Under the Authority's (b) Otherwise	Scheme . ined or recei	•••	•••		35 10 35 10

Group III.—Treatment of Defects of Nose and Throat.

	Number of Defects.													
				Rece	eived () Dpe r a	tive 7	reatr	nent					
Referred for treatment	4	Autho		;	F a _j	By Private Practitioner or Hospital, apart from the Authority's Scheme			Received other forms of treatment	Total number treated				
	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
7			1		2				2	_	1		1	4

(i) Tonsils only.
(ii) Adenoids only.
(iii) Tonsils and adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of Children Treated.										
Unde	r the Authority	's Scheme		Otherwise						
Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Total				
_	_	18	_	_	2	20				

TABLE XII.

Dental Inspection and Treatment.

(1) Number of children who were:— (a) Inspected by the Dentist: Aged: \[\begin{array}{cccccccccccccccccccccccccccccccccccc	(2) Half-days devoted to:— Treatment34 Inspection 6 Total 40 (3) Attendances made by Children for treatment 348 (4) Fillings:— Permanent Teeth 211 Temporary Teeth 1 Total 212 (5) Extractions:— Permanent Teeth 173 Temporary Teeth 45 Total 218 (6) Administrations of general anæsthetics for extractions 26 (7) Other Operations:— Permanent Teeth 23 Temporary teeth Total 23

Note.—In addition to the above inspections, 383 children were re-inspected during the year, and of those, 110 were found to require treatment.

TABLE XIII.

Uncleanliness and Verminous Conditions.

(i.)	Average number of visits per school made during the year by the School Nurses	22
(ii.)	Total number of examinations of children in the Schools by School Nurses	996
(iii.)	Number of individual children found unclean	
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	_
(v.)	Number of cases in which legal proceedings were taken: (a) Under the Education Act, 1921 (b) Under School Attendance Byelaws	

TABLE XIV.

Summary of Treatment of Defects.

	NUMBER OF DEFECTS			
DICEACE OF DEFEOT	Referred for Treatment	Treated		
DISEASE OR DEFECT		Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments Visual Defects Defects of Throat and Nose Dental \ Referred by Dentist Defects \int Referred by School M.O Other Defects	10 57 7 450 11 18	2 38 2 161 4 12	7 11 2 269 2 6	9 49 4 430 6 18
Total	553	219	297	516